

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90395 045 ***150.00

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DOCUMENT # P00000065315

1. Entity Name
ALL-STAR ACADEMY, INC.



Principal Place of Business
**455 STAN DR.
W. MELBOURNE FL 32904**

Mailing Address
**455 STAN DR.
W. MELBOURNE FL 32904**



2. Principal Place of Business
445 STAN DR.
Suite, Apt. #, etc.

3. Mailing Address
445 STAN DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
W. Melbourne FL
Zip
32904
Country
FLORIDA

City & State
W. Melbourne FL
Zip
32904
Country
FLORIDA

4. FEI Number **59-2892031** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSACI, M. JOAN
1765 SANDYCREEK LA.
MALABAR FL 32950**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSACI, M. JOAN 1765 SANDYCREEK LA. MALABAR FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JASKOWIAK, JESSICA 4854 ERIN LN MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
M. J. ROSACI, President

April 28, 03 **321**
727-8553

CR2E034 (10/02)