

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90014 033 ***558.75

0074180 AV

DOCUMENT # P00000067092

1. Entity Name

F-STAR FARMS INC.

Principal Place of Business

**11949 ACME RD.
 WELLINGTON FL 33414**

Mailing Address

**11949 ACME RD.
 WELLINGTON FL 33414**

2. Principal Place of Business

13334 POLO CLUB ROAD

Suite, Apt. #, etc.

UNIT 343

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

USA

3. Mailing Address

13334 POLO CLUB ROAD

Suite, Apt. #, etc.

UNIT 343

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAINLINE, STEPHEN A
 11949 ACME RD.
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAINLINE, STEPHEN A	
STREET ADDRESS	11949 ACME RD.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PFUHL, VALARIE	
STREET ADDRESS	3187 GARDENS EAST DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFUHL, VALARIE	
STREET ADDRESS	1203 TOWN CENTER DRIVE # 421	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Hainline*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-01
 Date

561-793-4750
 Daytime Phone #

CR2E034 (5/01)