

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071799

1. Entity Name

BRIGHT STAR COMMUNICATIONS, INC.

Principal Place of Business

7436 MYRICA DRIVE
SARASOTA FL 34241

Mailing Address

7436 MYRICA DRIVE
SARASOTA FL 34241

2. Principal Place of Business

5969 CATTLEBONE BLVD

Suite, Apt. #, etc.

200

City & State

SARASOTA FL

Zip

34232

Country
USA

3. Mailing Address

4411 BEE RIDGE RD

Suite, Apt. #, etc.

501

City & State

SARASOTA, FL 34233

Zip

34233

Country
USA

4. FEI Number

65-1065847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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. Is this corporation eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 ~~President~~
NAME ~~5969 CATTLEBONE BLVD~~
STREET ADDRESS ~~# 200~~
CITY-ST-ZIP ~~SARASOTA, FL 34232~~

☐ Delete

TITLE PRESIDENT
NAME B. STEPHEN MAY
STREET ADDRESS 1650 SUNRISE LANE
CITY-ST-ZIP SARASOTA, FL 34231

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

B. Stephen May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 20, 2001 8:00 am
Secretary of State

07-31-2001 90239 006 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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