2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077103

1. Entity Name
FOUR STAR INSTALLATION CO.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90300 001 ***150.00

Principal Place of Business	Mailing Address
~~976 LASTER LANE~~ TALLAHASSEE FL 32310	~~976 LASTER LANE~~ TALLAHASSEE FL 32310

B0051350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2119 Corinne St	2119 Corinne St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fl.	City & State: Tallahassee, Fl.
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number: 59-3683701 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HART, JAMES
~~976 LASTER LANE~~
~~TALLAHASSEE FL 32310~~

7. Name and Address of New Registered Agent

Name: James Hart
Street Address (P.O. Box Number is Not Acceptable): 2119 Corinne St.
City: Tallahassee FL Zip Code: 32308

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] DATE: 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, JAMES 976 LASTER LANE TALLAHASSEE FL 32310	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKENZIE, KENNY 976 LASTER LANE TALLAHASSEE FL 32310	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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)(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] 4/25/01 509-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)