**2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P00000103455 STAR ENTERPRISES OF SOUTHWEST FLORIDA, INC. 04-04-2001 90148 050 \*\*\*150.00 Principal Place of Business Mailing Address C/O RICHARD COTTER, ESQ. C/O RICHARD COTTER, ESQ 6100 ESTERO BLVD 6100 ESTERO BLVD TOOTFOOT FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address 8211 College Pkwy. 8211 College PKW4 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number ✓ Applied For Fort Myers Fort Myes, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33919 33919 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMAS L CARNAHAN COTTER, RICHARD ESQ Street Address (P.O. Box Number is Not Acceptable)
8211 College Pkwy C/O RICHARD COTTER, ESQ 6100 ESTERO BLVD FT MYERS BEACH FL 33931 Zip Code 339/9 Fort Myers 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. POST TITLE ☐ Delete TITLE ☐ Addition MCARTHY PATRICK T. MCARTHY, PATRICK J NAME NAME 8211 COLLEGE PKWY C/O RICHARD COTTER, ESQ 6100 ESTERO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH FL 33931 CITY-ST-ZIP FT. MYERS, FL 33919 Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 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 agd: with all other like empowered. 3/26/01 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #