

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91166 031 \*\*\*150.00

DOCUMENT # **P00000106812** ✓  
1. Entity Name  
**APPSTAR, INC.**

**DO NOT WRITE IN THIS SPACE**

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business<br><b>5002 GARRICK CT</b> | 3. Mailing Address<br><b>5002 GARRICK CT</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |
| City & State<br><b>TAMPA, FL</b>                         | City & State<br><b>TAMPA, FL</b>             |
| Zip<br><b>33624</b>                                      | Zip<br><b>33624</b>                          |
| Country<br><b>USA</b>                                    | Country<br><b>USA</b>                        |

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1063299</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

|                                                                              |
|------------------------------------------------------------------------------|
| Name<br><b>LEONARD H SIXT</b>                                                |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>5002 GARRICK CT</b> |
| City<br><b>TAMPA</b>                                                         |
| FL Zip Code<br><b>33624</b>                                                  |

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 **LEONARD H SIXT PRESIDENT** DATE **4/30/02**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signatures required when renewing)

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>LEONARD H SIXT P, S, T<br/>5002 GARRICK CT<br/>TAMPA, FL 33624</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **LEONARD H SIXT** DATE **4/30/02** DAYTIME PHONE # **813-968-7252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)