

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000115529****1. Entity Name**
FIVE STAR FINANCIAL, INC.**FILED**
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90100 011 ***150.00

Principal Place of Business
540 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714**Mailing Address**
540 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3697024 **APPLIED FOR**Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****GERJEL, GREGORY P**
540 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714**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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **P** ☐ Delete
NAME **CALCBRESE, PAULA**
STREET ADDRESS **2825 TUPELO COURT**
CITY-ST-ZIP **LONGWOOD FL 32779****TITLE** **VP** ☐ Delete
NAME **CALABRESE, THOMAS**
STREET ADDRESS **2625 TUPELO COURT**
CITY-ST-ZIP **LONGWOOD FL 32779****TITLE** **S** ☐ Delete
NAME **CALABRESE, MARY L**
STREET ADDRESS **2825 TUPELO COURT**
CITY-ST-ZIP **LONGWOOD FL 32779****TITLE** **T** ☐ Delete
NAME **CALABRESE, ALEXIS**
STREET ADDRESS **2825 TUPELO COURT**
CITY-ST-ZIP **LONGWOOD FL 32779****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:** *Paula Calabrese* **Paula Calabrese, President April 10, 2002 407 788-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)