

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90177 030 ***150.00

DOCUMENT # P00000115529

1. Entity Name
FIVE STAR FINANCIAL, INC.



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

Zip

Country

Zip

Country

4. FEI Number
59-3697024

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME STREET ADDRESS CITY - ST - ZIP	P CALCBRESE, PAULA 2825 TUPELO COURT LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	VP CALABRESE, THOMAS 2625 TUPELO COURT LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	S CALABRESE, MARY L 2825 TUPELO COURT LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	T CALABRESE, ALEXIS 2825 TUPELO COURT LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE - NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Calabrese **Paula Calabrese, President 4/14/2003 407 788-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)