

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90122 035 ***150.00

DOCUMENT # P00000116830

1. Entity Name
HI-WAY STAR, INC.



Principal Place of Business
2210 DESTINY WAY
ODESSA FL 33556

Mailing Address
2210 DESTINY WAY
ODESSA FL 33556

90004966



2. Principal Place of Business

2511 DESTINY WAY
Suite, Apt. #, etc.

3. Mailing Address

2511 DESTINY WAY
Suite, Apt. #, etc.

City & State

ODESSA, FL

City & State

ODESSA, FL

Zip

33556

Country

Zip

33556

Country

4. FEI Number

59-3686486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, D. ROBERT
8000 W. PLATT ST., SUITE 6
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **PS** ☐ Delete
NAME **OTTERBACHER, GARY**
STREET ADDRESS **2210 DESTINY WAY**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE **VP** ☐ Delete
NAME **OTTERBACHER STAGGS, KERRI**
STREET ADDRESS **2210 DESTINY WAY**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY OTTERBACHER

Date

Daytime Phone #

CR2E034 (10/02)