2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supple of the corporation or the rece changed, or on an attachmen

SIGNATURE:

Mar 18, 2002 8:00 am Secretary of State P01000002960 DOCUMENT # 1. Entity Name 03-18-2002 90192 021 ***150.00 STARR ENTERPRISES OF ORLANDO, INC. Principal Place of Business Mailing Address 4300-A CURRY FORD ROAD 4300-A CURRY FORD ROAD ORLANDO FL 32806 ORLANDO FL 32806 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59·3688308 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired - Fee:Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DI MASI, JOHN L Street Address (P.O. Box Number is Not Acceptable) 219 EAST LIVINGSTON STREET ORLANDO FL 32801 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Change Addition TITLE ☐ Delete TITLE NAME WREN, CHRISTOPHER G NAME 16410 COTSWOLD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 that 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 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 an add the my name appears in Block 11 or Block 12 if an add the my name appears in Block 11 or Block 12 if an additional and the my name appears in Block 11 or Block 12 if an additional and the my name appears in Block 11 or Block 12 if an additional and the my name appears in Block 11 or Block 12 if an additional and the my name appears in Block 11 or Block 12 if an additional and the my name appears in Block 11 or Block 12 if an addi 13. Thereby certify that the information

3. 16.26

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher G. Wien