4/8/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
04-08-2002 90228 020 ***158.75

DOCUMENT # P01000009379

1. Entity Name
AA STAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3218 MARYLAND AVE GREEN COVE SPRINGS FL 32043	3218 MARYLAND AVE GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3218 Maryland AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs Fl	City & State
Zip: 32043 Country: USA	Zip Country

4. FEI Number: 59-3697616 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVA, ALLEN C 3218 MARYLAND AVE GREEN COVE SPRINGS FL 32043	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARY J OLIVA 3218 MARYLAND AVE GREEN COVE SPRINGS FL 32043	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT CHARLES J BLAIS 3614 SURFSIDE TERRACE DAYTONA BEACH, FL 32127	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JEANNAMARIE R. OLIVA 9565 SOUTHBROOK DR APT 515 JACKSONVILLE FL 32256	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ALLEN C. OLIVA 3218 MARYLAND AVE GREEN COVE SPRINGS FL 32043	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Allen C. Oliva TREASURER 04/01/02 9092847066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #