

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90135 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000223676

1. Entity Name

Stardusters Workshop Enterprises, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

875 Indian Beach Drive

Suite, Apt. #, etc.

3. Mailing Address

875 Indian Beach Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

☒

Applied For

Not Applicable

Zip

34234

Country

USA

Zip

34234

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Susan K. Diffatte

Street Address (P.O. Box Number is Not Acceptable)

875 Indian Beach Drive

City

Sarasota

FL

Zip Code

34234

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director
Susan K. Diffatte
875 Indian Beach Drive
Sarasota, Florida 3423434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice/President/Director
Noel Diffatte
705 49th Avenue East
Bradenton, Florida 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Director
Donald W. Yetter
1111 9th Avenue West, Suite B
Bradenton, Florida 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer/Director
George Famiglio
1634 Main Street
Sarasota, Florida 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)