2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED May 12, 2002 8:00 am Secretary of State DOCUMENT # P01000034605 1. Entity Name ROYAL STAR INDUSTRIES, INCORPORATED 05-12-2002 90667 015 ***150.00 Principal Place of Business Mailing Address 362 BRIDGETON RD. 362 BRIDGETON RD. WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address ABOUL ABOVE SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1086841 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARKMAN, JESSE Street Address (P.O. Box Number is Not Acceptable) 1543 BARCELONA WAY WESTON FL 33327 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 (XX (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE DPT Change ☐ Addition STARKMAN, JESSE STARKMAN JESSE NAME NAME 1543 BARCELONA WAY STREET ADDRESS STREET ADDRESS 362 BRIDGETON RO WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP DVS Delete TITLE TITLE Change ☐ Addition STANKMAN MANGANITA STARKMAN, MARGARITA NAME NAME 362 BRIDGETON RD 1543 BARCELONA WAY STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE - 🖃 Delete TITLE -Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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