AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 22 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037240

1. Entity Name

STAR ENTERPRISES OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
36 MENTOR DRIVE	2338 Immokalee Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 358
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34110 Country: US	Zip: 34110 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709500 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MANON NEPTON

Street Address (P.O. Box Number is Not Acceptable): 36 Mentor Dr

City: NAPLES FL Zip Code: 34110

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] MANON NEPTON 12-1-03

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	MANON NEPTON
STREET ADDRESS	36 Mentor Dr.
CITY-ST-ZIP	Naples, Fl 34110
TITLE	
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CR2E034B (12/02)

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

SIGNATURE: [signature] MANON NEPTON 12-1-03 239-253-1960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #