2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003
Secretary of State

DOCUMENT# P01000115160

Entity Name: FIVE STAR CONSULTING AND SERVICES, INC.

Current Principal Place of Business:

5498 GATE LAKE RD
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 590124
TAMARAC, FL 33359

New Mailing Address:

FEI Number: 80-0023251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELIARD, ARIOST
5498 GATE LAKE RD
TAMARAC, FL 33319

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DELIARD, ARIOST
Address: 5498 GATE LAKE RD
City-St-Zip: TAMARAC, FL 33319

Title: D (X) Delete
Name: DELIARD, PASTOR CALEB
Address: 4343 SW 70 TERR
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: NOEL, MICHEL
Address: 6600 LANDINGS DRIVE APT # 104
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete
Name: DELIARD, SHIRLEY I
Address: 1911 SHERRY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIOST DELIARD D 08/29/2003

Electronic Signature of Signing Officer or Director — Date