

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**  
 04-21-2002 90871 008 \*\*\*150.00

0001635 AT

**DOCUMENT # P01000118994**

1. Entity Name

**STAR MARKETING USA, INC.**

Principal Place of Business

**600 JIMMY ANN DR., #1412  
 DAYTONA BEACH FL 32114**

Mailing Address

**600 JIMMY ANN DR., #1412  
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

**1420 N Atlantic Ave  
 Suite, Apt. #, etc.  
 #1503**

3. Mailing Address

**1863 Forough Circle  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**DAYTONA BEACH, FL**

City & State

**Port Orange, Florida**

4. FEI Number

**01-0549108**

Applied For

Not Applicable

Zip

**32118**

Country

**Volusia, USA**

Zip

**32124**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, RENEE L  
 600 JIMMY ANN DR., #1412  
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name **Renee' L. Walker**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1863 Forough Circle**  
 City **Port Orange** **FL** Zip Code **32124**

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 **Renee' L. Walker** **Renee' L. Walker** **4-8-02**  
 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) ☒

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, RENEE L</b>	
STREET ADDRESS	<b>600 JIMMY ANN DR., #1412</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Renee' L. Walker** **Renee' L. Walker** **4-8-02** **386-252-9095**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)