

FILED  
Jul 01, 2003 8:00 am  
Secretary of State

05-15-2003 90114 019 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000034910

1. Entity Name  
FIVE STAR CONTRACTING INC.



Principal Place of Business  
560 YARDARM LANE  
LONGBOAT KEY FL 34228

Mailing Address  
560 YARDARM LANE  
LONGBOAT KEY FL 34228

55050334

2. Principal Place of Business  
29 AVENUE OF THE FLOWERS  
Suite, Apt. #, etc.  
103

3. Mailing Address  
29 AVENUE OF THE FLOWERS  
Suite, Apt. #, etc.  
103

☐ CHECK HERE IF MAKING CHANGES

City & State  
LONGBOAT KEY FL  
Zip  
34228  
Country  
USA

City & State  
LONGBOAT KEY FL  
Zip  
34228  
Country  
USA

4. FEI Number  
01-0674072

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

A1A CORPORATE SERVICES INC.  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00.  
After May 1, 2003 Fee will be \$550.00  
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 | NAME              | STREET ADDRESS   | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|-------------------|------------------|-----------------------|---------------------------------|
|       | PD CLEAVER, PETER | 560 YARDARM LANE | LONGBOAT KEY FL 34228 |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |
|       |                   |                  |                       |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME             | STREET ADDRESS                | CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------------------|-------------------------------|-----------------------|--|
|       | PD PETER CLEAVER | 29 AVENUE OF THE FLOWERS #103 | LONGBOAT KEY FL 34228 |  |
|       |                  |                               |                       |  |
|       |                  |                               |                       |  |
|       |                  |                               |                       |  |
|       |                  |                               |                       |  |
|       |                  |                               |                       |  |
|       |                  |                               |                       |  |

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 Block 11 if changed, 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: Feb 17/03 941-320-9263

Daytime Phone #

CR2E034 (10/02)