

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 011 ***150.00

DOCUMENT # **P0200009588.7**

1. Entity Name
Fivestar Success Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Altamonte mall

Suite, Apt. #, etc.
451 E. ALTAMONTE DR

City & State
Altamonte Springs FL

Zip
32701

Country
USA

3. Mailing Address

1740 Cherry Ridge Dr

Suite, Apt. #, etc.

City & State
Lake Mary

Zip
32746

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

010752358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lynda Bazianec

Street Address (P.O. Box Number is Not Acceptable)

1740 Cherry Ridge Dr

City

Lake Mary

FL

Zip Code

32746

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 **Lynda Bazianec**

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

(NOTE: Registered Agent signature required when reinstating)

April 25 2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/T
Lynda Bazianec
1740 Cherry Ridge Dr Lake Mary
Florida 32746**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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: **Lynda Bazianec**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25 2003 4076050485

Date

Daytime Phone #

CR2E034B (12/02)