

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

01-13-2003 90085 049 ***150.00

DOCUMENT # P02000107057

1. Entity Name

FLORIDA STAR HOMES MANAGEMENT, INC.



Principal Place of Business
1411 S.E. 47TH STREET
SUITE 9
CAPE CORAL FL 33904

Mailing Address
4427 SE 16TH PLACE
#2
CAPE CORAL FL 33904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-22971061

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, CHRISTINE F
4427 S.E. 16TH PLACE, #2
CAPE CORAL FL 33904

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	0			☐ Delete	
	LEIENDECKER, RUTH	1411 S.E. 47TH STREET, SUITE 9	CAPE CORAL FL 33904		
				☐ Delete	
					☐ Change ☐ Addition
				☐ Delete	
					☐ Change ☐ Addition
				☐ Delete	
					☐ Change ☐ Addition
				☐ Delete	
					☐ Change ☐ Addition
				☐ Delete	
					☐ Change ☐ Addition

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:

Ruth Leiendecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUTH LEIENDECKER

01/09/03 239 994 3910
Date Daytime Phone #

CR2034 (10/02)

Attachment
Christine F. Wright, P.A.
Attorney At Law

5502/091

4427 S.E. 16th Place, Suite 2 • Cape Coral, FL 33904
Ph: 239.542.9955 • Fax: 239.542.9987
Email: cfwright@swfla.rr.com

#P02000107057

March 27, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

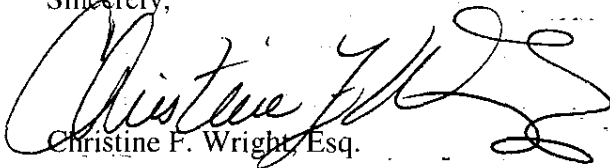
RE: FEIN

Dear Sir or Madam:

Enclosed please find two annual report/uniform business reports which were returned for lack of FEIN. The information has now been completed and we request the reports be filed.

If you have any questions, please contact me.

Sincerely,


Christine F. Wright, Esq.

Enclosures