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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	Mailing Address
1411 S.E. 47TH STREET	4427 SE 16TH PLACE
SUITE 9	#2
CAPE CORAL FL 33904	CAPE CORAL FL 33904

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2297661 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 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	D LEIENDECKER, RUTH 1411 S.E. 47TH STREET, SUITE 9 CAPE CORAL FL 33904 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Fink-Leiendecker 01/09/03 239 994 3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — RUTH FINK-LEIENDECKER — Date — Daytime Phone #

Attachment

Christine F. Wright, P.A.

Attorney At Law

55021091

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 requests the reports be filed.

If you have any questions, please contact me.

Sincerely,

Christine F. Wright, Esq.

Enclosures