

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90140 046 ***150.00

DOCUMENT # P02000120845

1. Entity Name
BIOSTAR CONSULTING, INC.



Principal Place of Business
**5131 NW 48TH TERR.
GAINESVILLE FL 32606**

Mailing Address
**5131 NW 48TH TERR.
GAINESVILLE FL 32606**

2. Principal Place of Business
5131 NW 48th Terrace
Suite, Apt. #, etc.

3. Mailing Address
5131 NW 48th Terrace
Suite, Apt. #, etc.

City & State
Gainesville, FL
Zip
32606

City & State
Gainesville, FL
Zip
32606

4. FEI Number
13-4219700

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PALMER, CAROL J
5131 NW 48TH TERR.
GAINESVILLE FL 32606**

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 _____ (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

TITLE **PD** ☐ Delete
NAME **PALMER, CAROL J**
STREET ADDRESS **5131 NW 48TH TERR.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VTSD** ☐ Delete
NAME **OLDROCK, LISA M**
STREET ADDRESS **5131 NW 48TH TERR.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Palmer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03 **(352) 3670748**
Date Daytime Phone #

CR2E034 (10/02)