## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## P02000123775 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90039 018 \*\*\*150.00

FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	WYN STAR MORTGAGE, INC.								
Surie, Apt. #, 600.  City & State  Street Address of Name Peeplatered Agent  For Required  For Requi	435 TREMINGHAM WAY 435 TREMINGHAM WAY			COD WE IN	<u></u>				
Surie, Apt. #, 600.  City & State  Street Address of Name Peeplatered Agent  For Required  For Requi			<u> </u>						
City & State  Country  Country  Country  Country  Street Address of Status Desired   Set Prequired   Set	2. Principal Place of Business 3. Mailing Address				***				1 (000) O() (00)
Zip Country Zip Country Zip Country S. Count	Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF N	MAKING CHANGES	ò
Summary   Summ	City & Sta	te	City & State			-	4. FEI Number	I IA	pplied For
6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Direct Correct Agent  8. Direct Correct Agent  8. Direct Agent  8. Direct Agent  8. Direct Agent  8. Direct Corre	Zip	Country	7:-	<del></del>	<del> </del>	4	36-4514101		
BELLE, MICHAEL J 2304 FRUITVILLE ROAD SARASOTA FL 34237  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, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the	ΣIP	Country	Zip	Coun	ntry		5. Certificate of Status Desired		
BELLE, MICHAEL J 2398 FRUITNILE ROAD SARASOTA FL 34237  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. It am familiar with, and accept the following provided the or registered agent, or both, in the State of Fiorida. It am familiar with, and accept the following provided the or registered agent, or both, in the State of Fiorida. It am familiar with, and accept the following provided the or registered agent, or both, in the State of Fiorida. It am familiar with, and accept the following provided the or registered agent, or both, in the State of Fiorida. It am familiar with, and accept the following provided the familiar with, and accept the following provided		6. Name and Address of Current Re	gistered Agent	<u> </u>			7. Name and Address of New Regis	•	-
Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typed or proced many of registered agent and titls of applicable.  PLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After	DELLE MODAEL I				Name				
SARASOTA FL 34237  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  Sepature. Your or protect name of registered agent agent with the state of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  Secretary, Director  Thomas H. Sahrow  435 Tremingham Way  The Salrow  435 Tremingham Way  Treasurer  Thomas H. Sahrow  Thomas H. S	· ·		Street Addres		ess (P.	O. Box Number is Not Acceptable)	·		
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature: Speed or printed runner of registered agent.							<del></del>		
S. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	Or ii U (OO)	A I E OTEO!						·	
SIGNATURE    Signature   Special or princip representation   State	n.:				ĺ				
SIGNATURE    Signature   Signa	<ol><li>The above the obligat</li></ol>	named entity submits this statement for the	e purpose of changing its	registere	ed office or reg	gistered	d agent, or both, in the State of Florida	. I am familiar with	, and accept
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FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Added to Fees  TITUE NAME THE NAME THE ADDRESS ONTY-ST-2P Venice, F1. 34293  TITUE Vice President NAME Holley A. Shaver 10.42 Burning Oak Court STREET ADDRESS ONTY-ST-2P Venice, F1. 34293  TITUE Vice President NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE .	Signature, typed or printed name of registered agent and	itle il applicable. (NOT	F: Registered	d Agent signature re	unuired ut	Pen (circutation)	DATE	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	TO THE	ILE NOWILL EEE IS \$150.00						DATE	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  SECRETARY, Director Thomas H. Sahrow 435 Tremingham Way 435 Tremingham Way  TITLE Wenice, Fl. 34293   Delete Thomas H. Sahrow 435 Tremingham Way  TREE ADDRESS DITY-ST-ZIP AND DIRECTORS IN 11  TREASURER TOORSS DITY-ST-ZIP AND DIRECTORS IN 11  TREASURER TOORSS DITY-ST-ZIP AND DIRECTORS IN 11  TREASURER TOORSS DITY-ST-ZIP AND DIRECTORS IN 11  TREE WAME TREE ADDRESS DITY-ST-ZIP AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS DITY-ST-ZIP ADDRESS DITY-ST-ZIP ADDRESS DITY-ST-ZIP AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS DITY-ST-ZIP ADDRESS D	Afte	r May 1, 2003 Fee will be \$550.00	ate				, -		
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TITLE Venice, Fl. 34293   Delete Thomas H. Sahrow A35 Tremingham Way CITY-ST-ZIP	`	435 Tremingham Way							
Treasurer Thomas H. Sahrow 435 Tremingham Way  Vice President Vice Vice Vice Vice Vice Vice Vice Vice	<del>-</del>		93						
Thomas H. Sahrow 435 Tremingham Way  TITLE Venice, F134293   Delete Vice President Vice President Venice, F1. 34293   Delete Venice, F1. 34293   Office   Name Vice President Vice President Vice President Vice President Vice President   Delete   Vice Vice Vice Vice Vice Vice Vice Vice	NAME		•		1	<b>V</b> C11.	100, 11. 34293	☐ Change	☐ Addition
Venice, F1. 34293   Delete   TITLE   NAME   STREET ADDRESS   Venice, F1. 34293   CITY-ST-ZIP   Venice, F1. 32789   CITY-ST-ZIP   Venice, F1.	STREET ADDRESS								
Vice President  435 Tremingham Way  Venice, Fl. 34293  INTE  Vice Presdient  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  Vice Presdient  Holley A. Shaver  1042 Burning Oak Court  Venice, Fl. 34293  INTE  Director  Michael A. Brown  STREET ADDRESS  ANAME  Michael A. Brown  STREET ADDRESS  ANAME  Michael A. Brown  STREET ADDRESS  ANAME  Michael A. Brown  STREET ADDRESS  Minter Park, Fl. 32789  INTERET ADDRESS  Michael A. Brown  STREET ADDRESS  Michael A. Brown  STREET ADDRESS  Michael A. Brown  Michael A. Brown  STREET ADDRESS	CITY-ST-ZIP			CITY-	ST-ZIP				j
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Winter Park, Fl. 32789  2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(2)(i) Florido Statutos Librator and the control of the control o	CITY_ST_7IP								
	12. I hereby ce	Winter Park, F1, ertify that the information supplied with this	filing does not qualify for	the even	ntion stated in	Section	on 119 07/3Vi) Elorido Cratidos Life d	or portification in	farmet:

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

467-647-2232