

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90103 034 ****61.25

DOCUMENT # P40949

1. Entity Name

ARIZONA EASTERN STAR HOME INCORPORATED

Principal Place of Business

**4602 N. 24TH STREET
 PHOENIX AZ 85016**

Mailing Address

**4602 N. 24TH STREET
 PHOENIX AZ 85016**

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

86-0131598

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

**GALLAGHER, PATRICIA C
 9010 N.W. 21ST COURT
 PEMBROKE PINES FL 33024**

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.

SIGNATURE

PATRICIA C GALLAGHER
 Signature, typed or printed name of registered agent and title if applicable.

Patricia C. Gallagher
 (NOTE: Registered Agent signature required when reinstating)

4-12-01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P OSBORN, RAY**
 STREET ADDRESS **817 SHADOW RIDGE DR.**
 CITY-ST-ZIP **CASA GRANDE AZ**

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

TITLE ☐ Delete
 NAME **S CASSEL, NANCY**
 STREET ADDRESS **P.O. BOX 487 N/A**
 CITY-ST-ZIP **GILA BEND AZ**

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

TITLE ☐ Delete
 NAME **GARCIA, JANE BLAIR**
 STREET ADDRESS **525 WEST ROAD ONE SOUTH**
 CITY-ST-ZIP **CHINO VALLEY AZ**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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 617, 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: JANE BLAIR GARCIA, TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 7762263
 Date Daytime Phone #

CR2E037 (10/00)