

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME ☒ Change ☐ Addition
President Nancy Sites
STREET ADDRESS 7776 N. 44th Dr.
CITY-ST-ZIP Glendale, AZ 85301

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

TITLE NAME ☒ Change ☐ Addition
Secretary Jane Blair Garcia
STREET ADDRESS 525 West Road One South
CITY-ST-ZIP Chino Valley AZ 86323-6348

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

TITLE NAME ☒ Change ☐ Addition
Treasurer Don Galyon
STREET ADDRESS 3305 Chinwood
CITY-ST-ZIP Flagstaff, AZ 86001-0775

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Nancy Sites NANCY SITES, President

April 29, 2002

623-939-1872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)