## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State DOCUMENT # P9200003582 NORTHSTAR UNLIMITED, INC. 01-11-2001 90001 040 \*\*\*150.00 Mailing Address Principal Place of Business 1731 VINTAGE ST. 1731 VINTAGE ST. KISSIMMEE FL 34786 KISSIMMEE FL 34786 3. Mailing Address 2. Principal Place of Business ZUIP SAME EXCEPT SAME EXCEPT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State 59-3148315 City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TREVIRANUS, GERHARD J Street Address (P.O. Box Number is Not Acceptable) 1731 VINTAGE STREET KISSIMMEE FL 34746 Zip Code FI 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) T-Change ☐ Addition ☐ Delete TITLE TITLE NAME TREVIRANUS, GERHARD J NAME STREET ADDRESS 1731 VINTAGE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34786 Change Addition ☐ Delete TITLE TITLE ∠Middle TREVIRANUS TANY NAME TREVIRANUS, TANYA J NAME 1731 VINTAGE STREET ADDRESS 1731 VINTAGE ST. STREET ADDRESS CITY-ST-ZIP KISSIMMEE CITY-ST-ZIP KISSIMMEE FL 34786 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if

TREVIRANUS JAN3

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

SIGNATURE: