2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am P93000001724 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90001 007 ***150.00 ALL STAR BUILDING SUPPLIES, INC. Principal Place of Business Mailing Address 755 SW 16TH AVE 755 SW 16TH AVE. RAY 12 **BAY 12** DELRAY BCH FL 33444 DELRAY BCH. FL 33444 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0417673 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIS, RANDY Street Address (P.O. Box Number is Not Acceptable) 755 SW 16TH AVE. #12 DELRAY BCH. FL 33444 Zip Code City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2F034 (9/01 TITLE D ☐ Delete NAME WILLIS, RANDY STREET ADDRESS STREET ADDRESS 9605 PAYTON CT. CITY-ST-ZIP CITY-ST-7IF **BOYNTON BEACH FL 33437** TITLE ☐ Delete ☐ Change □ Addition NAME TARPENNING, DALE STREET ADDRESS STREET ADDRESS 5544 THIRD RD CITY-ST-ZIP CITY-ST-ZIF LAKE WORTH FL ☐ Delete TITLE Change ☐ Addition TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 eath; 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 changed, or on an attachmen h an address, with all other like empowered

SIGNATURE:

13. 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