

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91105 010 ***150.00

DOCUMENT # P93000031813

1. Entity Name
STAR SCENIC SUPPLY, INC.

Principal Place of Business Mailing Address
4495 SW 35TH ST. **4495 SW 35TH ST.**
SUITE D **SUITE D**
ORLANDO FL 32811 **ORLANDO FL 32811**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3180564** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STEARN, DONALD A
424 WHISPERING OAK LANE
APOPKA FL 32712

7. Name and Address of New Registered Agent
 Name **DONALD A. STEARN**
 Street Address (P.O. Box Number is Not Acceptable) **4495 SW 35th St.**
SUITE D
 City **ORLANDO** FL Zip Code **32811**

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 *Sylvia Stearn* **SYLVIA STEARN, CORP. SECRETARY** **02/26/01**
Signature, typed or printed name of registered agent and the filer, cable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS STEARN, SYLVIA 424 WHISPERING OAK LANE APOPKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS STEARN SYLVIA 4495 SW 35th St SUITE D ORLANDO FL 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Stearn* **SYLVIA STEARN** **02/26/01** **407/246-5118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Phone #)

CP2E034 (10/00)