

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002029

1. Entity Name
READING STAR, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90361 019 ***150.00

Principal Place of Business

Mailing Address

**340 CRANE RD.
VENICE FL 34293
US**

**P O BOX 1193
VENICE FL 34284**

C0068133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15210 NE 85 PLACE

15210 NE 85 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SILVER SPRINGS, FL

City & State

SILVER SPRINGS, FL

4. FEI Number

65-0468821

Applied For

Not Applicable

Zip

Country

34488

Marion

Zip

Country

34488

Marion

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

**SMITH, SANDRA K
340 CRANE RD.
VENICE FL 34293**

Name

SMITH, SANDRA K

Street Address (P.O. Box Number is Not Acceptable)

15210 NE 85 PLACE

City

SILVER SPRINGS

FL

Zip Code

34488

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

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 **P** ☐ Delete
NAME **SMITH, SANDRA**
STREET ADDRESS **340 CRANE ROAD**
CITY-ST-ZIP **VENICE FL**

TITLE **P** ☒ Change ☐ Addition
NAME **SMITH, SANDRA**
STREET ADDRESS **15210 NE 85 PLACE**
CITY-ST-ZIP **SILVER SPRINGS, FL 34488**

TITLE **V** ☐ Delete
NAME **SMITH, STEVEN A**
STREET ADDRESS **340 CRANE RD.**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **V** ☒ Change ☐ Addition
NAME **SMITH, STEVEN A**
STREET ADDRESS **15210 NE 85 PLACE**
CITY-ST-ZIP **SILVER SPRINGS, FL 34488**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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:

Sandra K. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-01

Date

941-497-2270

Daytime Phone #

CR2E034 (10/00)