2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015519 STELLAR HOLDINGS, INC. Mailing Address Principal Place of Business 8402 SABAL INDUSTRIAL BLVD., STE. A 8402 SABAL INDUSTRIAL BLVD., STE. A TAMPA FL 33619-1358 TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

GONZALEZ, ALAN F

TAMPA FL 33602

(See criteria on back)

SIGNATURE

100 S. ASHLEY DR., STE. 1250

9. This corporation is eligible to satisfy its Intangible

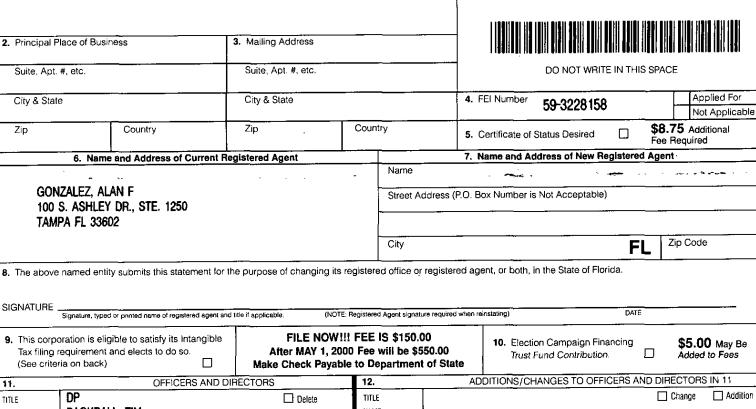
Tax filing requirement and elects to do so.

6. Name and Address of Current Registered Agent

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

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90155 031 ***150.00



11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PACKRALL, TIM		NAME	
STREET ADDRESS	14718 CLARENDON DR.		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURKETTE, JAY		NAME	
STREET ADDRESS	15921 HAMPTON VILLAGE DR.		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP	
TITLÉ	DTS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KIM		NAME	rsa .
STREET ADDRESS	1203 PAMELA SUE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	·
CITY-ST-ZIP			CITY-ST-ZIP	

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Name

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR