FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 04, 2002 8:00 am P94000094160 **Secretary of State** DOCUMENT # 1. Entity Name 02-04-2002 90174 031 ***150 00 LONE STAR INVESTORS, INC. Principal Place of Business Mailing Address 8142 LONE STAR ROAD 422 OVERBROOK DR JACKSONVILLE FL 32211 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3290793 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANTILL, HAROLD W. Street Address (P.O. Box Number is Not Acceptable) 422 OVERBROOK DR JACKSONVILLE FL 32225 Zip Code 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 FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Secretary/Treasurer Donna H. Stanfill CR2E034 (9/01) Addition TITLE TITLE ☐ Delete STANTILL, HAROLD N. NAME NAME 422 Overbrook Drive 1829 PARKCREST DRIVE STREET ADDRESS STREFT ADDRESS JACKSONVILLE FL CITY - ST- 7IP CITY-ST-7IP Tacksonville 32225 Delete TITLE TITLE Change ☐ Addition BENNETT, WALTER A JR NAME NAME STREET ADDRESS 3724 BUCKSKIN TRAIL WEST STREET ADDRESS CITY-ST-ZIP JACKSONIVILLE FL 32211 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition POPE, EDWARD B NAME STREET ADDRESS 184 BEECH GROVE ROAD STREET ADDRESS CITY-ST-ZIP SCIENCE HILL KY 42553 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SEYMOUR, GERTRUDE NAME NAME 1909 UNIVERSITY BLVD, SO, #501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.