

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90060 046 ***150.00

DOCUMENT # P94000094160

1. Entity Name
LONE STAR INVESTORS, INC.



Principal Place of Business
**8142 LONE STAR ROAD
JACKSONVILLE FL 32211**

Mailing Address
**422 OVERBROOK DR
JACKSONVILLE FL 32225
US**

2. Principal Place of Business

3. Mailing Address

8142 Lone Star Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville FL

4. FEI Number
59-3290793

Applied For
Not Applicable

Zip

Country

Zip
32211 Country
US

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

**STANTILL, HAROLD W.
422 OVERBROOK DR
JACKSONVILLE FL 32225**

Name
STANTILL HAROLD W.
Street Address (P.O. Box Number is Not Acceptable)

8142 Lone Star Road
City
Jacksonville

FL Zip Code
32211

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STANTILL, HAROLD N.
1829 PARKCREST DRIVE
JACKSONVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STANTILL, HAROLD W.
8142 Lone Star Road
Jacksonville, FL 32211** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POPE, EDWARD B
184 BEECH GROVE ROAD
SCIENCE HILL KY 42553** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SEYMOUR, GERTRUDE
1909 UNIVERSITY BLVD, SO, #501
JACKSONVILLE FL 32216** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
STANTILL, DONNA H
422 OVERBROOK DRIVE
JACKSONVILLE FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8142 Lone Star Road
Jacksonville, FL 32211** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 (904) 725-5845

Date Daytime Phone #

CR2E034 (10/02)