

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030190

1. Entity Name

FIVE STAR INKS & COATINGS, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90073 049 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>7839 HEATHER LAKE COURT<br>JACKSONVILLE FL 32256 | Mailing Address<br>7839 HEATHER LAKE COURT<br>JACKSONVILLE FL 32207-7904 |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>2940 Dawn Road<br>Suite, Apt. #, etc. | 3. Mailing Address<br>1841 N.W. 114 Loop<br>Suite, Apt. #, etc. |
|---|---|

|                                 |                           |                             |  |
|---------------------------------|---------------------------|-----------------------------|--|
| City & State<br>Jacksonville FL | City & State<br>Ocala, FL | 4. FEI Number<br>59-3312444 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>32207                    | Country<br>USA            | Zip<br>34475                | Country<br>USA   |



DO NOT WRITE IN THIS SPACE

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>SKRUMBELLOS, RONALD R<br>7839 HEATHER LAKE CT E<br>#1409<br>JACKSONVILLE FL 32256 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>1841 N.W. 114 Loop<br>City<br>Ocala FL Zip Code<br>34475 |  |
|--|--|---|--|

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]* DATE: 1/30/2000  
(NOTE: Registered Agent signature required when reinstating)

|  |   |   |
|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SKRUMBELLOS, RONALD R<br>7839 HEATHER LAKE CT E<br>JACKSONVILLE FL 32256 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 1841 N.W. 114 Loop<br>Ocala, FL. 34475 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPST<br>SKRUMBELLOS, LORI<br>7839 HEATHER LAKE CT E<br>JACKSONVILLE FL 32256 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 1841 N.W. 114 Loop<br>Ocala, FL. 34475 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *[Signature]* DATE: 1/30/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #