

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90086 031 ***150.00

DOCUMENT # P95000030190

1. Entity Name

FIVE STAR INKS & COATINGS, INC.

Principal Place of Business

**2940 DAWN ROAD
 JACKSONVILLE FL 32256**

Mailing Address

**1841 NW 114 LOOP
 OCALA FL 34475**

2. Principal Place of Business

1841 NW 114 Loop

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34475

Country

Alachua

Zip

34475

Country

Alachua

4. FEI Number

59-3312444

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SKRUMBELLOS, RONALD R
 1841 NW 114 LOOP
 OCALA FL 34475**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Tax filing requirement and elects to do so.
 (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **SKRUMBELLOS, RONALD R**
 STREET ADDRESS **1841 NW 114 LOOP**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE **VPST** ☐ Delete
 NAME **SKRUMBELLOS, LORI**
 STREET ADDRESS **1841 NW 114 LOOP**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

RON SKRUMBELLOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

352-690-9730

Daytime Phone #

CR2E034 (9/01)