# 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

### **DOCUMENT #**

Principal Place of Business

2900 HARTLEY ROAD

## P95000050314

Mailing Address

2900 HARTLEY ROAD

1. Entity Name

STELLAR PROPERTIES OF NORTH FLORIDA, INC.



# Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90211 049 \*\*\*150.00

) (ANNORAL MA PANTE BANK MARK AND

JACKSONVILLE FL 32207			JACK	JACKSONVILLE FL 32207					   }			
2. Principal Place of Business			3. Mail	3. Mailing Address				<b>                                  </b>	))( <b>1515</b> ) <b>1</b> 1515 <b>[2</b> 51		<b>10)) (1)1)</b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-3331857			Applied For Not Applicable		
Zip Country			Zip	Country	Country		5. Certificate of Status Desired See Required Fee Required			ional		
	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent						
				<del></del>	1	Name						
WODDICL	H, MICHAEL	Λ			L							
	•	•				Street Address (P.O. Box Number is Not Acceptable)						
		OULEVARD			<u> </u>							
SUITE 15	600											
JACKSONVILLE FL 32207						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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	Signatura tread	or printed name of registered agent	and title if people	ionhia (NOTE:	Popintored As	ant cianat	re required when re	oinstation)	DATE			
	Signature, typeu	or bringer name or registered agent	and title if appr	Cable. (NOTE.	negistered Ag	en signar	ne requiled when re	sinstering)				
F	ILE NOW!!	! FEE IS \$150.00						9. Election Campaign Financi	na <b>(</b>	·= 00		
Afte	r May 1, 200	3 Fee will be \$550.00						Trust Fund Contribution.	,		May Be o Fees	
Make Check Payable to Florida Department of State								Tage of the destruction	_ ′			
10. OFFICERS AND DIRECTORS 11.					11.		AD	DITIONS/CHANGES TO OFFICER	S AND DIREC	TORS	IN 11	
TITLE	D			M Delete	TITLE		VICE PRE	SIDENT	☐ Chi	ange	X Addition	
NAME	FOSTER.	ronald H			NAME		SCOTT V.	WITT		•	_	
STREET ADDRESS				STREET A	DDRESS		TLEY ROAD			ĺ		
CITY-ST-ZIP		VILLE FL 32207			CITY-ST-	LIACKSONVILLE RI. 32257						
		TYPEET I E OZEON		<b>▼</b> Delete	_	~	VICE PRE	CTMENT			(SZI Addition	
TITLE	D	LIL BODDY	,	EL Delete	TITLE		J. R. PE		☐ Cha	mye	X Addition	
NAME	COMMEN, IN DODD!			NAME	2900 HADTI BY DOAD							
STREET ADDRESS		Lood I William I				ODRESS	JACKSONVILLE, PL 32257					
CITY-ST-ZIP	JACKSON	VILLE FL 32207			CITY-ST-	ZIP						
TITLE	. A			Delete	TITLE			وهر فللمصحب المال المالا تعليم	Cha	ing <del>e</del> :	☐ Addition	
NAME	DONALD	l smith			NAME						i	
STREET ADDRESS	2900 HAR	TLEY RD			STREET A	DDRESS					{	
CITY-ST-ZIP	JACKSON	VILLE FL 32257			CITY-ST-	ZIP						
TITLE	S			☐ Delete	TITLE		SECRETAR	SA.	▼ Cha	inge	Addition	
NAME	KELSTER,	JANET			NAME		JANET KE	ISTER				
STREET ADDRESS	2900 HAR	TLEY ROAD			STREET AL	DDRESS		TLEY ROAD			ĺ	
CITY-ST-ZIP		VILLE FL 32257			CITY-ST-	ZIP	JACKSONV	ILLE, FL 32257				
TITLE				☐ Delete	TITLE		PRESIDE	NT/DIRECTOR	☐ Cha	nae	Addition	
NAME	1	والمراجع والمراجع		U OUIGIG	NAME		RONALD I	H. FOSTER, JR.		90	The real lines	
STREET ADDRESS	7				STREET AL	DORESS		RTLEY ROAD			}	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			CITY-ST-		JACKSON	VILLE, FL 32257			}	
	<del></del>	<del></del>			TITLE		VICE PRI	ESIDENT			Addition	
TITLE	-	<del>-</del> +		☐ Delete	NAME		RYAN J.		UII8	nge	☐ Addition	
NAME		· .				NOTES !		RTLEY ROAD			ļ	
STREET ADDRESS	<b> </b> .	· · · · ·			STREET AL		JACKSON	7ILLE, FL 32257				
CITY-ST-ZIP	1	- · · ·			CITY-ST-	41P					Į.	

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 of 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:

954-260-2900

CR2E034 (10/02)