

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90004 007 \*\*\*550.00

**DOCUMENT # P95000055903**

1. Entity Name  
**WRITESTAR, INC.**



Principal Place of Business      Mailing Address  
**2982 W ABIGICA CIR**      **2982 W ABIGICA CIR**  
**DAVIE FL 33328**      **DAVIE FL 33328**

**AU081044**



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 **NOT APPLICABLE**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      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  
**POLLACK, IDA**      Name  
**2982 W ABIGICA CIR**      Street Address (P.O. Box Number is Not Acceptable)  
**DAVIE FL 33328**      City      **FL**      Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
 (See criteria on back)      **After September 12, 2001 Fee will be \$750.00**      10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to Department of State**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST ADDRESS ST-ZIP	<b>D POLLACK, IDA</b> <b>2982 W ABIGICA CIR</b> <b>DAVIE FL 33328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (5/01)

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 stated 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 full power like empowered.

SIGNATURE: **IDA POLLACK** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-11-01** Daytime Phone # **954-476-2119**