

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90214 011 ***150.00

DOCUMENT # P95000069436

1. Entity Name
STAR REAL ESTATE MANAGEMENT, INC.



Principal Place of Business
**15510 BURNT STORE ROLAD
PUNTA GORDA FL 33955**

Mailing Address
**15510 BURNT STORE ROLAD
PUNTA GORDA FL 33955**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0605800**

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

**KENNEY, LARRAINE V
15510 BURNT STORE ROLAD
PUNTA GORDA FL 33955**

Name **DEBRA K. MEREDITH-PETERS**
Street Address (P.O. Box Number is Not Acceptable)
15500 BURNT STORE RD.
City **PUNTA GORDA** FL Zip Code **33955**

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 *Debra K. Meredith-Peters*

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	PSTD	<input type="checkbox"/> Delete
NAME	KENNEY, LARRAINE V	
STREET ADDRESS	15510 BURNT STORE ROLAD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	PST	<input type="checkbox"/> Delete
NAME	DEBRA K. MEREDITH-PETERS	
STREET ADDRESS	15500 BURNT STORE RD.	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, LARRAINE	
STREET ADDRESS	15600 BURNT STORE RD	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Debra K. Meredith-Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)