

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90061 042 ***150.00

UJ03594 AV

DOCUMENT # P96000002011-STATE

1. Entity Name
FIVE STAR BUILDERS, INC.

| | |
|---|---|
| Principal Place of Business 1629 RIVERS RD GREEN COVE SPRINGS FL 32043 | Mailing Address 1629 RIVERS RD GREEN COVE SPRINGS FL 32043 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number **59-3348744** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARKSDALE, ALECIA
1629 RIVERS RD
GREEN COVE SPRINGS FL 32043

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 NAME | P BARKSDALE, KENNETH L <input type="checkbox"/> Delete |
| STREET ADDRESS | 1629 RIVERS RD |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL |
| TITLE NAME | V BARKSDALE, ALECIA <input type="checkbox"/> Delete |
| STREET ADDRESS | 1629 RIVERS RD |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL |
| TITLE NAME | _____ <input type="checkbox"/> Delete |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE NAME | _____ <input type="checkbox"/> Delete |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE NAME | _____ <input type="checkbox"/> Delete |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE NAME | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE NAME | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE NAME | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | _____ |
| CITY-ST-ZIP | _____ |
| TITLE NAME | _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | _____ |
| 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: *Alecia Barksdale*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alecia Barksdale
 4-4-02 904-284-4628
 Date Daytime Phone #

CR2E034 (9/01)