

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90077 026 \*\*\*150.00

DOCUMENT # **P96000014067**

1. Entity Name **Ashstar Inc.**

Principal Place of Business  
**1021 N.W. 99th Towr.**  
**Pembroke Pine, Fla.**  
**33024**

Mailing Address  
**C/O James Christian**  
**361 W. Main St.**  
**Dallastown, Pa 17313**

2. Principal Place of Business  
**1021 N.W. 99th Towr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**361 W. Main St.**  
 Suite, Apt. #, etc.

**730951**

DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pine, Fla.**

City & State  
**Dallastown Pa.**

4. FEI Number  
**650633268**

Applied For  
 Not Applicable

Zip  
**33024**

Country  
**U.S.A.**

Zip  
**17313**

Country  
**U.S.A.**

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

**James Christian**  
**361 W. Main St.**  
**Dallastown, Pa. 17313**

Name  
**N/A**

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 \_\_\_\_\_ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **President - James Christian**  
 STREET ADDRESS **361 W. Main St.**  
 CITY-ST-ZIP **Dallastown, Pa. 17313**

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

TITLE ☐ Delete  
 NAME **Sec-Treasurer**  
 STREET ADDRESS **Shelden R. Cohen**  
 CITY-ST-ZIP **1021 N.W. 99th Towr. - Pembroke Pine, Fla. 33024**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **James Christian - President/owner** **4-24-2000** **(254) 435-3379**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #.

CR2E034 (9/99)