

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

0085791 AV

**DOCUMENT # P96000038392**

1. Entity Name  
**STAR EXCAVATING, INC.**

02-18-2002 90146 007 \*\*\*150.00

Principal Place of Business  
**1747 SUNWOOD DRIVE**  
**LONGWOOD FL 32779**

Mailing Address  
**1747 SUNWOOD DRIVE**  
**LONGWOOD FL 32779**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 915437**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LONGWOOD FLORIDA**

4. FEI Number  
**59-3377943**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**32791-6437 SEMINOLE**

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

6. Name and Address of Current Registered Agent

**REECE, KATHRYN E**  
**1747 SUNWOOD DRIVE**  
**LONGWOOD FL 32779**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REECE, KATHRYN E</b> <b>1747 SUNWOOD DR</b> <b>LONGWOOD FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Kathryn E. Reece*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12402 607-682-7187**

Date Daytime Phone #

CR2E034 (9/01)