

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90153 041 \*\*\*150.00

**DOCUMENT # P96000057449**

1. Entity Name

**STAR GROUP HOLDINGS, INC.**

Principal Place of Business

**725 E PUTMAN ST**

**APT-#2**

**LAKE CITY FL 32056**

Mailing Address

**725 E PUTMAN ST**

**APT-#2**

**LAKE CITY FL 32056**

2. Principal Place of Business

**PO Box 1029/580 Montgomery**

3. Mailing Address

**PO Box 1029**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake City**

City & State

**Lake City**

4. FEI Number

**59-3392582**

Applied For

Not Applicable

Zip

**32056**

Country

**Columbia**

Zip

**32056**

Country

**Columbia**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HALEY, WILLIAM J**

**10 NORTH COLUMBIA STREET**

**LAKE CITY FL 32055**

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)

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**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.

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**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **HALEY, WILLIAM J**  
STREET ADDRESS **10 N COLUMBIA ST**  
CITY-ST-ZIP **LAKE CITY FL 32056**

☐ Delete

TITLE **SD**  
NAME **BROWN, THOMAS L**  
STREET ADDRESS **10 N COLUMBIA ST**  
CITY-ST-ZIP **LAKE CITY FL 32055**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)