

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90197 043 ***158.75

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DOCUMENT # P96000091389

1. Entity Name
BRIGHT STAR CARRIERS INC.



Principal Place of Business
150 W.STSTE RD.546
HAINES CITY FL 33851

Mailing Address
P.O.BOX 1477
HAINES FL 33845

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 **59-3410014**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, PATTY
150 W.STATE RD.546
W LAKE HAMILTON FL 33851

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **P** ☒ Delete
NAME **PEARCE, WARREN**
STREET ADDRESS **2512 CREST DRIVE**
CITY-ST-ZIP **HAINES CITY FL 33845**

TITLE **VICE PRES** ☐ Change ☒ Addition
NAME **Kimberly Muller**
STREET ADDRESS **PO Box 1477**
CITY-ST-ZIP **HAINES CITY FL 33845**

TITLE **VP** ☐ Delete
NAME **PEARCE, KEVIN**
STREET ADDRESS **616 GOOD SPRINGS RD.**
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **KEVIN PEARCE**
STREET ADDRESS **616 Good Springs Rd**
CITY-ST-ZIP **Brentwood TN 37027**

TITLE **ST** ☐ Delete
NAME **PEARCE, PATTY**
STREET ADDRESS **2512 CREST DR.**
CITY-ST-ZIP **HAINES CITY FL 33845**

TITLE **SECRETARY / C.E.O.** ☒ Change ☐ Addition
NAME **PATTY PEARCE**
STREET ADDRESS **PO Box 1477**
CITY-ST-ZIP **HAINES CITY FL 33845**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 **PEARCE, PATTY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 **863-439-7691**
Date Daytime Phone #

CR2E034 (10/02)