2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000004616** 1. Entity Name FIVE-STAR PROPERTY CONSULTANTS, INC. **2.** F

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90095 001 ***150.00

Exp. Country Zip Country S. Contribute of Status Desired S. S. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEISER, GARY C 159 E 29TH CT RIVIERA BEACH FL FL334-04 6. 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. Signar June Signar Garden or and indignate to satisfy its Intangable Task flag requirement and exists to do so. Atter Mar 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE STREET ADDRESS OTH-ST-2P CHANGES OTH-ST-2P CHANGE CHANGES OTH-ST-2P CHANGES OTH-ST-2P CHANGE CHANGES OTH-ST-2P CHANGES OTH-ST-2P CHANGE CHANGES OTH-ST-2P CHANGES											
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SIGNATURE 9. Pris corporation is exigible to satisfy the intengible To prist and elects to do so. After MAY 1, 2000 Fee will be \$50.00 After MA	City & State		City & State			4. F	4. FEI Number 65-0748942			Applied For Not Applicable	
6. Name and Address of New Registered Agent HEISER, GARY C 159 E 29TH CT RIVERA BEACH FL FL334-04 City FL Zip Code City FL Zip Code City FL Zip Code SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered office or registered open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. SIGNATURE Symme below or private area of inglissed Agent and side it applicates to the purpose of changing its registered Agent signature medical open, or both, in the State of Florida. In E. P. July E. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 INTERNATION OF THE Agent Agent Symme Internation of The Agent Agent Symme Internation of The Agent Agent Symme Internation of The Agent	Zip	Country	Zip	Country	·	5 . C	Certificate of Status Desired		\$8.75 Add	ditional	
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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 Signa											
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Trus Frund Contribution After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Trus Frund Contribution After MAY 1, 2000 Fee will be \$550.00 Trus Frund Contribution After MAY 1, 2000 Fee will be \$550.00 Trus Frund Contribution After MAY 1, 2000 Fee will be \$550.00 Trus Frund Contribution Add to Fees Add to Fees Add to Fees TruE MAKE STREET ADDRESS CITY-ST-2P TRUE Delete TruE MAKE STREET ADDRESS CITY-ST-2P TRUE MAKE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TRUE MAKE STREET ADDRESS ST					City			FL	Zip Cod	le	
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13. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-626-2023

Daytime Phone #