## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 28, 2001 8:00 am DOCUMENT # P97000010217 **Secretary of State** FOUR STAR REALTY, INC. 02-28-2001 90011 002 \*\*\*150.00 Principal Place of Business Mailing Address 7339 E COLONIAL DR 7339 E COLONIAL DR SUITE #7 SUITE #7 **UUU4404**7 ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3424891 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWNING, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 7339 E COLONIAL DR SUITE #7 ORLANDO FL 32807 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. RALPH A. GONZALEZ UR. TITLE 🔀 Change TITLE Delete PRESIDENT DEBLER, MICHAEL NAME NAME 3501 NEST VINE ST # 345 7339 E COLONIAL DR SUITE #7 STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CITY-ST-7IP KISSIMMEE, PL 34741 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

RALPH ANTONIO 60NZALEZ JR. 407-870-1966

A.19.01 Date 407-870-1969 Phone #