

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012879

1. Entity Name

STAR 8, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90052 043 ***150.00

Principal Place of Business

4865 LAKE ONTARIO DRIVE
COCOA FL 32926

Mailing Address

1451 OVERLOOK TERRACE
TITUSVILLE FL 32780-4332

2. Principal Place of Business

5600 North US 1

3. Mailing Address

P.O. Box 826

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa, FL

City & State

Titusville, FL

4. FEI Number

59-3428189

Applied For

Not Applicable

Zip

32927

Country

Brevard

Zip

32781-0826

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REA, ELIZABETH L
4865 LAKE ONTARIO DRIVE
COCOA FL 32926

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

1315 Wilderness Trail

City

Titusville

FL

Zip Code

32796

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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | REA, ELIZABETH L | |
| STREET ADDRESS | 4865 LAKE ONTARIO DRIVE | |
| CITY-ST-ZIP | COCOA FL 32926 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | 1315 Wilderness Trail | |
| CITY-ST-ZIP | Titusville, FL. 32796 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE:

Elizabeth L. Rea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (9/99)