


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

0580924 AV

DOCUMENT # P97000022023

1. Entity Name
ALL-STAR GOLF, INC.



04-23-2003 90056 013 ***150.00

Principal Place of Business
9130 RIDGE ROAD
NEW PORT RICHEY FL 34654

Mailing Address
9130 RIDGE ROAD
NEW PORT RICHEY FL 34654

11000038



2. Principal Place of Business
7225 RED OAK LOOP
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 57
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NEW PORT RICHEY
FL USA

City & State
NEW PORT RICHEY
FL USA

Zip
34654

Country
USA

4. FEI Number 59-3432329

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
EVERETT, STEVEN
9130 RIDGE RD
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent
Name: PATRICIA PEARSON
Street Address (P.O. Box Number is Not Acceptable): 7225 RED OAK LOOP
City: NEW PORT RICHEY, FL 34654
Zip Code: FL

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: Patricia Pearson DATE: 4/16/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS EVERETT, STEVEN 9130 RIDGE RD NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PATRICIA PEARSON 7225 RED OAK LOOP NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Patricia Pearson **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/16/03 DAYTIME PHONE: 727-841-0213

CR2E034 (10/02)