

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90155 035 ***150.00

DOCUMENT # P97000043061
1. Entity Name

5 Star Vision, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8825 Perimeter Park Blvd 8825 Perimeter Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State Jacksonville, FL 32216 City & State Jacksonville, FL 32216

4. FEI Number
59 3447138

Applied For
Not Applicable

Zip
32216

Country
US

Zip
32216

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lee S. Haramis, Esq.

Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street, Suite 1675

City Jacksonville FL Zip Code 32202

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Mills, C. David 8825 Perimeter Park Blvd, Ste. 203 Jacksonville, FL 32216	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/SEC/Treasurer Figueroa, William J. 8825 Perimeter Park Blvd, Ste. 203 Jacksonville, FL 32216	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)