

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076512

1. Entity Name

NORTHSTAR ENTERPRISES OF TAMPA BAY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90064 016 ***150.00

Principal Place of Business

Mailing Address

4815 W KNIGHTS GRIFFIN ROAD
 PLANT CITY FL 33565

4815 W KNIGHTS GRIFFIN ROAD
 PLANT CITY FL 33584-2420

2. Principal Place of Business

2808 Pemberton Creek Dr.

Suite, Apt. #, etc.

3. Mailing Address

2808 Pemberton Creek Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Saffner FL

City & State

Saffner FL

4. FEI Number

59-3472209

Applied For

Not Applicable

Zip

Country

33594

Zip

Country

33594

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

BRODA, PAUL HARVEY
 4815 W KNIGHTS GRIFFIN ROAD
 PLANT CITY FL 33565

Name

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

2808 Pemberton Creek Drive

City

Saffner

FL

Zip Code

33594

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRODA, PAUL HARVEY	4815 W KNIGHTS GRIFFIN ROAD	PLANT CITY FL 33565	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2808 Pemberton Creek Drive	Saffner, FL 33594	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Paul Broda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

Daytime Phone #

CR2E034 (9/99)