

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000080933** ✓
 1. Entity Name
FIVE STAR BUILDING SERVICES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90098 020 ***150.00

Principal Place of Business Mailing Address
4941 S. ORANGE AVE **SAME**
ORLANDO, FL 32806

2. Principal Place of Business 3. Mailing Address
4941 S. ORANGE AVE **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State: City & State
ORLANDO, FL
 Zip Country Zip Country
32806 **USA**

4. FEI Number **593465455** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PINEDA MARTIN D
4941 S. ORANGE AVE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

FILE NOW:
FEE IS \$61.25 150.00

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PINEDA MARTIN D	
STREET ADDRESS	2369 BRIDGEMOOR TR	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOSE PINEDA	
STREET ADDRESS	14126 COLONIAL GRAND BLVD. APT 1108	
CITY-ST-ZIP	ORLANDO, FLORIDA 32837	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOSE L. PINEDA	
STREET ADDRESS	14126 COLONIAL GRAND BLVD APT, 1108	
CITY-ST-ZIP	ORLANDO, FLORIDA 32837	
TITLE	T	<input type="checkbox"/> Delete
NAME	PINEDA ROBERT	
STREET ADDRESS	5608 CRAINDALE DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINGDA CHRISTOPHER	
STREET ADDRESS	5608 CRAINDALE DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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	

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 617, 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: **MARTIN PINEDA - PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 **407-857-1503**
 Date Daytime Phone #

CR2E037 (9/99)