

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90210 039 \*\*\*158.75

0055883

**DOCUMENT # P97000080933**

1. Entity Name

**FIVE STAR BUILDING SERVICES INC.**

Principal Place of Business

**4941 S ORANGE AVE  
 ORLANDO FL 32806**

Mailing Address

**4941 S ORANGE AVE  
 ORLANDO FL 32806**

**00053012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**2369 BRIDGEWOOD TRL**

Suite, Apt. #, etc.

**2369 BRIDGEWOOD TRL**

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**32818**

Country

**USA**

Zip

**32818**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3465455**

Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

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: **PINEDA MARTIN D.**

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

**2369 BRIDGEWOOD TRAIL**

City

**ORLANDO**

FL

Zip Code

**32818**

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

*Martin D. Pineda* / **MARTIN D. PINEDA PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/01**

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, 2001 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	<b>P PINEDA, MARTIN D 2369 BRIDGEWOOD TR ORLANDO FL 32818</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PINEDA, JOSE S JR. 9536 BRACKIN ST ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PINEDA, JOSE L 872 ASPENWOOD CIR KISSIMMEE FL 34743</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PINEDA, ROBERT S 5608 CRAINDALE DR ORLANDO FL 32819</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PINEDA, CHRISTOPHER D 5608 CRAINDALE DR ORLANDO FL 32819</b>	<input checked="" type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Pineda, Jose S JR. 2516 Woodgate Blvd Apt #15-107 Orlando, Florida 32822</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martin D. Pineda* / **MARTIN D. PINEDA - PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

Date

Daytime Phone #

**407-857-1503**

CR2E034 (10/00)