

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102231

1. Entity Name: BLUE STAR WEST, CORP.

BLUE STAR WEST, CORP.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90131 016 \*\*\*150.00

Principal Place of Business

4701 POND APPLE DRIVE S.  
NAPLES FL 34119

Mailing Address

4701 POND APPLE DRIVE S.  
NAPLES FL 34119-8539

2. Principal Place of Business

10960 Longshore Way W

Suite, Apt. #, etc.

NAPLES, FLA

City & State

34119

Zip

Country

USA

3. Mailing Address

10960 Longshore Way W

Suite, Apt. #, etc.

NAPLES FLA

City & State

34119

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0797232

Applied For

Not Applicable

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

PINTER, MICHAEL R ESQ.  
4328 CORPORATE SQUARE  
SUITE C  
NAPLES FL 34104

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

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

TITLE: D  
NAME: DEGAETANO, ALBERT L  
STREET ADDRESS: 2320 CARTER ST. 186 Pebble Shores #203  
CITY-ST-ZIP: NAPLES FL 34112 34110

☐ Delete

TITLE: D  
NAME: DEGAETANO, BEN J  
STREET ADDRESS: 4701 POND APPLE DRIVE S. 10960 LONGSHORE WAY WEST  
CITY-ST-ZIP: NAPLES FL 34119

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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TITLE:   
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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME: DeGaetano, Albert L  
STREET ADDRESS: 186 Pebble Shores #203  
CITY-ST-ZIP: Naples, FL 34110

☒ Change ☐ Addition

TITLE:   
NAME: DeGaetano, Ben J  
STREET ADDRESS: 10960 Longshore Way West  
CITY-ST-ZIP: Naples, FL 34119

☒ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
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☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)