

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90144 005 ***150.00

0061263 AV

DOCUMENT # P97000104160

1. Entity Name
THREE-STAR ENTERPRISES, INC.

Principal Place of Business

**1115 WHITE POINT ROAD
 NICEVILLE FL 32578-4238
 US**

Mailing Address

**1115 WHITE POINT ROAD
 NICEVILLE FL 32578**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3472960**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAKNIS, GEORGE P
 616 SEA OATS DRIVE
 DESTIN FL 32541**

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

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, 2002 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 **BM** ☐ Delete
 NAME **FLEEMAN, WARREN B III**
 STREET ADDRESS **10100 BAY MEADOWS ROAD APT 1514**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **OP** ☐ Delete
 NAME **FLEEMAN, WARREN B**
 STREET ADDRESS **1115 WHITE POINT ROAD**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete
 NAME **FLEEMAN, CAROL S**
 STREET ADDRESS **1115 WHITE POINT ROAD**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **BM** ☐ Delete
 NAME **FLEEMAN, ALLEN J**
 STREET ADDRESS **7 E BEULAH**
 CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

2-28-02 850 897 2620

CR2E034 (9/01)