

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003792

1. Entity Name

J.C. STAR INC.

Principal Place of Business

11548 PIN OAK TRAIL
JACKSONVILLE FL 32225-2435

Mailing Address

P.O. BOX 17226
JACKSONVILLE FL 32245-7226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3483682

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOILANEN, THOMAS F
J. WILLIAMS & ASSOCIATES
1258 ST JOHNS BLUFF RD N.
JACKSONVILLE FL 32225

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, 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

TITLE PD
NAME HUN, JUAN C
STREET ADDRESS 11548 PIN OAK TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32225-2435



TITLE V
NAME HUN, MINERVA A
STREET ADDRESS 11548 PIN OAK TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32225-2435



TITLE ST
NAME HUN, MARLENE
STREET ADDRESS 11548 PIN OAK TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32225-2435



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

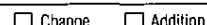


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



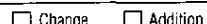
TITLE
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TITLE
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CITY-ST-ZIP



TITLE
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

MARLENE HUN

2-26-01

Date

Daytime Phone #

CR2E034 (10/00)

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FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90179 045 ***158.75

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DO NOT WRITE IN THIS SPACE