

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91589 048 ***150.00

DOCUMENT # **P98000012157**

1. Entity Name

Star City, Inc.

Principal Place of Business

Mailing Address

**5002 Paloma Dr.
Tampa, FL 33624
USA**

A0070453

2. Principal Place of Business

9625 Alonzo Road

3. Mailing Address

9625 Alonzo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Riverview, FL

City & State

Riverview, FL

4. FEI Number

59-3490732

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

33569

Country

USA

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

**Tate, John Marshall
1514 S. Grady Avenue
Tampa, FL 33629**

Name

John Marshall Tate

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

9625 Alonzo Road

City

Riverview

FL

Zip Code

33569

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

John M. Tate (John M. Tate)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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 **POTS** ☐ Delete
NAME **John Marshall Tate**
STREET ADDRESS **5002 Paloma Drive**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **POTS** ☒ Change ☐ Addition
NAME **John Marshall Tate**
STREET ADDRESS **9625 Alonzo Road**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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:

John M. Tate (John M. Tate)

D/e

Daytime Phone #

4-25-01 813.699.1112

CR2E034 (11/00)