

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014265

1. Entity Name
F-STAR, INC.

Principal Place of Business
11949 ACME RD
WEST PALM BEACH FL 33414

Mailing Address
11949 ACME RD
WEST PALM BEACH FL 33414

2. Principal Place of Business
13334 POLO CLUB ROAD UNIT 343
Suite, Apt. #, etc.
UNIT 343

3. Mailing Address
13334 POLO CLUB ROAD UNIT 343
Suite, Apt. #, etc.
UNIT 343

City & State
WELLINGTON, FLORIDA

City & State
WELLINGTON, FLORIDA

Zip USA
33414

Zip USA
33414

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAINLINE, STEPHEN A
11949 ACME RD
WEST PALM BEACH FL 33414

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D SALVA, GEORGIA 775 SOUTH STREET MIDDLEBURY CT 06762	<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	DS SALVA, APRIL 516 MAIN ST N SOUTHBURY CT 06488	<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	DT SALVA, ROBERT 516 MAIN ST N SOUTHBURY CT 06488	<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	D SALVA, SKLER 516 MAIN ST N SOUTHBURY CT 06488	<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	D SALVA, FRANK 775 SOUTH ST MIDDLEBURY CT 06762	<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	D SALVA, TREVAR J 775 SOUTH ST MIDDLEBURY CT 06762	<input type="checkbox"/> Delete	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:

April G. Salva **APRIL G. SALVA** **RECEIVED** April 16, 2001 561-793-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AV
007400

CR2E034 (5/01)