

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90111 046 ***158.75

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DOCUMENT # P98000014265

1. Entity Name
F-STAR, INC.

Principal Place of Business
13334 POLO CLUB ROAD. #343
WEST PALM BEACH FL 33414

Mailing Address
13334 POLO CLUB ROAD. #343
WEST PALM BEACH FL 33414



2. Principal Place of Business

775 South St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Middlebury, Ct.

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **SAME**

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	D	<input type="checkbox"/> Delete
NAME	SALVA, GEORGIA	
STREET ADDRESS	775 SOUTH STREET	
CITY-ST-ZIP	MIDDLEBURY CT 06762	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SALVA, APRIL	
STREET ADDRESS	516 MAIN ST N	
CITY-ST-ZIP	SOUTHURY CT 06488	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SALVA, ROBERT	
STREET ADDRESS	516 MAIN ST N	
CITY-ST-ZIP	SOUTHURY CT 06488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVA, SKLER	
STREET ADDRESS	516 MAIN ST N	
CITY-ST-ZIP	SOUTHURY CT 06488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVA, FRANK	
STREET ADDRESS	775 SOUTH ST	
CITY-ST-ZIP	MIDDLEBURY CT 06762	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVA, TREVAR J.	
STREET ADDRESS	775 SOUTH ST	
CITY-ST-ZIP	MIDDLEBURY CT 06762	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	James Salva	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	775 South St	
STREET ADDRESS	Middlebury, Ct - 06762	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/01)