2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000025167** Feb 28, 2000 8:00 am 1. Entity Name REDSTAR ENTERPRISES, INC. **Secretary of State** 02-28-2000 90016 009 ***150.00 Mailing Address Principal Place of Business 242 NAVAJO STREET 242 NAVAJO STREET TAVERNIER FL 33070 TAVERNIER FL 33070-2119 2. Principal Place of Business... 3. Mailing Address 11 3 2 20 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0943201 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAW OFFICES OF DIANE M. MCGUIRE Street Address (P.O. Box Number is Not Acceptable) 103400 OVERSEAS HIGHWAY STE, 235 KEY LARGO FL 33037 Zip Code City 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 FILE NOW!!! FEE IS \$150.00... 40.~Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete GELHOT, NORBERT E MAME STREET ADDRESS STREET ADDRESS 242 NAVAJO STREET CITY-ST-ZIP CITY-ST-ZIP **TAVERNIER FL 33070** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME GELHOT, LINDA STREET ADDRESS STREET ADDRESS 242 NAVAJO STREET CITY-ST-ZIP CITY-ST-ZIP **TAVERNIER FL 33070** Addition ☐ Change TITLE Delete TITLE BRIAN KEEFE SM NAME BRIAN KEEFE STREET ADDRESS STREET ADDRESS 242 NAVAJO SM. CITY-ST-ZIP THUER MEN H. 33070 CITY-ST-ZIP THUELLVIER ☐ Change Addition □ Delete TITLE TITLE NAME NAME *33070* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ASSIGNATURE AND A PROPERTY OF MAME OF SIGNING OFFICER OF DIRECTOR

1/17/98

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