

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90236 008 \*\*\*150.00

**DOCUMENT # P98000048308**

**1. Entity Name**  
**STAR ONE MORTGAGE CORPORATION**

**Principal Place of Business**

**28870 US HWY 19 NORTH**  
**STE 300**  
**CLEARWATER FL 33761**

**Mailing Address**

**2519 MCMULLEN BOOTH RD**  
**510-193**  
**CLEARWATER FL 33761**



**2. Principal Place of Business**

**10014 GROVE DR Suite B**

**3. Mailing Address**

**9125 Little Rd.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**Suite B**

**# 222**

**City & State**

**City & State**

**Port Richey, FL.**

**New Port Richey, FL.**

**Zip**

**Country**

**Zip**

**Country**

**34668**

**USA**

**34654**

**USA**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3512923**

**Applied For**

**Not Applicable**

**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**

**BEILFUSS, SUSANNA P**

**2519 MCMULLEN BOOTH ROAD, #510-193**  
**CLEARWATER FL 33761**

**Name** **Peter J. Salomon**

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

**9125 Little Rd. #222**

**City**

**New Port Richey**

**FL**

**Zip Code**

**34654**

**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)* **Peter J. Salomon Vice Pres. / Secy.**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/23/02**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PVST</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>BEILFUSS, SUSANNA P</b>	
<b>STREET ADDRESS</b>	<b>2519 MCMULLEN BOOTH RD., #510-193</b>	
<b>CITY-ST-ZIP</b>	<b>CLEARWATER FL 33761</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>PRESIDENT, TREASURER</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>SUSANNA P. Beilfuss</b>	
<b>STREET ADDRESS</b>	<b>9125 Little Rd. #222</b>	
<b>CITY-ST-ZIP</b>	<b>NEW PORT RICHEY, FL. 34654</b>	
<b>TITLE</b>	<b>VICE PRESIDENT, Secy.</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>PETER J. SALOMON</b>	
<b>STREET ADDRESS</b>	<b>9125 Little Rd. #222</b>	
<b>CITY-ST-ZIP</b>	<b>NEW PORT RICHEY, FL. 34654</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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)* **Peter J. Salomon**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**  
**VICE PRES. / Secy**

**1-866-723-8448**  
 Daytime Phone #

CR2E034 (9/01)