

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**DOCUMENT # P98000048654**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90036 039 \*\*\*150.00

1. Entity Name

**STAR FINANCE TEX, INC.**

Principal Place of Business

Mailing Address

3561 S.W. CORPORATE PKWY  
 PALM CITY FL 34990

3561 S.W. CORPORATE PKWY  
 PALM CITY FL 34990-8152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0991116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTYRE, WILLIAM C**  
**3561 S.W. CORPORATE PKWY**  
**PALM CITY FL 34990**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/7/00*  
 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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, NINA ANNELI</b>	
STREET ADDRESS	<b>7045 BANNER ROAD</b>	
CITY-ST-ZIP	<b>PORT ORCHARD WA 98366</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTYRE, WILLIAM C</b>	
STREET ADDRESS	<b>3561 S.W. CORPORATE PARKWAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McIntyre, William C.</b>	
STREET ADDRESS	<b>3561 S.W. Corporate Parkway</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/7/00*  
 Date

*561 288-3000*  
 Daytime Phone #

CR2E034 (9/99)