

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90147 003 ***150.00

0437942

DOCUMENT # P98000051246

1. Entity Name

ALSTARR CONSULTING SERVICES, INCORPORATED

Principal Place of Business
 1751 SW CRANE CREEK AVE
 PALM CITY FL 34990

Mailing Address
 1751 SW CRANE CREEK AVE
 PALM CITY FL 34990

2. Principal Place of Business

8329 BELFRY PLACE

Suite, Apt. #, etc.

3. Mailing Address

8329 BELFRY PLACE

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

34986

Country

Zip

34986

Country

4. FEI Number

65-0856294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JONES, MATTHEW L
 759 S FEDERAL HWY STE 212
 STUART FL 34994**

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 \$150.00
 After MAY 1, 2001 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** ☐ Delete
 NAME **STARR, ARTHUR L**
 STREET ADDRESS **1751 SW CRANE CREEK AVE**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **STARR, ARTHUR L**
 STREET ADDRESS **8329 BELFRY PLACE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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 links empowered.

SIGNATURE:

ARTHUR L. STARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2001

Date

561 466-8903

Daytime Phone #

CR2E034 (10/00)