## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000054661

Entity Name: TY/STAR ENTERPRISES, INC.

FILED Sep 04, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8800 SIGNAL ROAD SUITE #7

BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

8800 SIGNAL ROAD SUITE #7

BONITA SPRINGS, FL 34135 US

FEI Number: 65-0850990 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANZ, ANTHONY P
861 SE 47TH TERRACE
CAPE CORAL, FL 33904

FRANZ, ANTHONY P
8800 SIGNAL RD.
#7

BONITA SPRINGS,, FL 34135

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: ANTHONY P. FRANZ 09/04/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTV () Delete Title: PSTV. (X) Change ( ) Addition FRANZ, ANTHONY P Name: Name: FRANZ, ANTHONY P 861 SE 47TH TERRACE 8800 SIGNAL RD. SUITE #7 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name:FRANZ, ANTHONY PName:FRANZ, ANTHONY PAddress:861 SE 47TH TERRACEAddress:8800 SIGNAL RD. SUITE #7City-St-Zip:CAPE CORAL, FL 33904City-St-Zip:BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY P. FRANZ DPST 09/04/2002