2001 UNIFORM BUSINESS REPORT (UBR) AMENUE POCUMENT # P98000063352							
DOCUMENT # P98000063352 1. Ently Name					STERPTAR	OF STATES	
WILTON	COMPANY		•/	- *	OT MAY 25		
Principal Place of Business 410 CORTEZ RD WEST #420 BRADENTON FL 34207 US ,		Mailing Address 410 CORTEZ RD WEST #420 BRADENTON FL 34207 US			UTTRI 25	Ari II · 32	
2. Principal Place of Business		3. Mailing Address 7608 LOCK WOOD RIDGE RD		ε RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		SARASOTA FL			4. FEI Number 65-0851747		oplied For ot Applicable
Zip	Country		Country		5. Certificate of Status Desired	S8.75 Add	
	6. Name and Address of Current F			<u>.</u>	7. Name and Address of New R	egistered Agent	
Name				JOHN D. HAWKINS			
MAJER, GARY 410 CORTEZ RD W				reet Address (P.O. Box Number is Not Acceptable)			
#420 Bradenton Fl. 34207			107	13 MANATEE AUE.W.			
			City B				
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 names (registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
*** Toy tiling requirement and electe to do so 「TP"※を示 るせoy tiling requirement and electe to do so 「TP"※を示 るせoy tiling requirement and electe to do so					10. Election Campaign Fin. Trust Fund Contribution		00 May Be d to Fees
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	D MAJER, GARY E 201 SEAGULL LANE SARASOTA FL 94238	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISEMAN, MARC 7608 LOCKWOOD RIDGE RD SARASOTA FL 34243	□ Deléte ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eis 760	IDENT - DIRECT EMAN, MARC 8 LOCKWOOD RI LASOTA FI 3	DUE RD H243	Addition '
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T -MAJER, GARY E- 201-SEAGULL LN- SARASOTA-FL 34238	Delete	TITLE "NAME" F STREET ADDRESS CITY-ST-ZIP	^	9000044 -06/28/ *****6	'01010910	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROARK, TANYA 7608 LOCKWOOD RIDGE RD SARASOTA FL 34243	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROA 7608	-TREAS RK,TANYA 3 LOCKWOODRID ASOTA FL3424		☐ Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			<u></u>	:
NAME STREET ADDRESS CITY-ST-ZIP	nes mentilance may entill be entil	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	langur e		☐ Change	Addition
13. I hereby certify that the information supplied with this filling 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 eath; 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 4-30-01 941 3609889							