

2002 UNIFORM BUSINESS REPORT (UBR)

04/20/04 AV

DOCUMENT # P98000106543

1. Entity Name
STAR UTILITY, INC.

FILED

03 MAY 20 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
402 N. WALKER RD.
AVON PARK FL 33825

Mailing Address
~~402 N. WALKER RD.~~ P.O. BOX 358
~~AVON PARK FL 33825~~ AVON PARK
FLA. 33826



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0885688

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SAWYER, LORI S
402 N. WALKER RD.
AVON PARK FL 33825

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 _____ (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, 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

TITLE D
NAME SAWYER, JAMES A
STREET ADDRESS 402 N. WALKER RD. PO Box 358
CITY-ST-ZIP AVON PARK FL 33825 33826

TITLE
NAME
STREET ADDRESS 500019564865
CITY-ST-ZIP 05/20/03--01022--001 **158.75

TITLE D
NAME SAWYER, LORI S
STREET ADDRESS 402 N. WALKER RD. PO Box 358
CITY-ST-ZIP AVON PARK FL 33825 33826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

Lori S. Sawyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 863-453-2424
Date Daytime Phone #

CR2E034 (9/01)