

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019260

1. Entity Name

STELLAR FINANCIAL GROUP, CORP.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90184 045 ***150.00

Principal Place of Business

Mailing Address

5735 LAKE LAND HIGHLANDS RD.
LAKE LAND FL 33801

5735 LAKE LAND HIGHLANDS RD.
LAKE LAND FL 33801-3098

100 So KENTUCKY AVE STE 260
LAKE LAND, FLORIDA 33801

100 So KENTUCKY AVE STE 260
LAKE LAND, FLORIDA 33801

2. Principal Place of Business

3. Mailing Address

stellar financial group
100 south kentucky avenue suite 260
lakeland florida 33801

stellar financial group
100 south kentucky avenue suite 260
lakeland florida 33801



DO NOT WRITE IN THIS SPACE

FBI Number

59-3564360

Applied For

Not Applicable

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

KILEY, R J
5735 LAKE LAND HIGHLANDS RD.
LAKE LAND FL 33801

Name

MARY LU KILEY

Street Address (P.O. Box Number is Not Acceptable)

829 WOODWARD ST.

City

LAKE LAND

FL

Zip Code

33803

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

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 D ☐ Delete
NAME KILEY, R J
STREET ADDRESS 5735 LAKE LAND HIGHLANDS RD.
CITY-ST-ZIP LAKE LAND FL 33801

TITLE PRESIDENT ☒ Change ☐ Addition
NAME 100 So KENTUCKY AVE STE 260
STREET ADDRESS LAKE LAND FL 33801
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRES/SEC/TREAS ☐ Change ☒ Addition
NAME MARY LU KILEY
STREET ADDRESS 829 WOODWARD ST.
CITY-ST-ZIP LAKE LAND, FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-00 863 802 6644

CR2E034 (9/99)