## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **P99000021365** STARS TRUCK, INC. 02-14-2000 90122 034 \*\*\*150.00 Principal Place of Business Mailing Address 1503 ADAMS CIRCLE 1503 ADAMS CIRCLE LARGO FL 33771-5410 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State <u>59-3562793</u> Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1503 ADAMS CIRCLE LARGO FL 33771 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE YOUNG, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 1503 ADAMS CIRCLE CITY-ST-ZIP CITY-ST-7IP **LARGO FL 33771** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME YOUNG, DEBRA EBBA Young Circle STREET ADDRESS STREET ADDRESS 1503 ADAMS CIRCLE CITY-ST-ZIP erge, FL. 3377/ CITY-ST-ZIP LARGO FL 33771 ☐ Defete TITLE TITLE Diane Maher 1509 Adams Circle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Large Fl. 3377/ CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deletè TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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

-07-00

an address, with all other like empowered.