

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021365

1. Entity Name  
STARS TRUCK, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90932 049 \*\*\*150.00

Principal Place of Business  
1503 ADAMS CIRCLE  
LARGO FL 33771

Mailing Address  
1503 ADAMS CIRCLE  
LARGO FL 33771

2. Principal Place of Business  
12510 Starkey Road  
Suite, Apt. #, etc.

3. Mailing Address  
Same 12510 Starkey  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Largo FL  
Zip  
33773  
Country  
USA

City & State  
LARGO FL  
Zip  
33773  
Country  
USA

4. FEI Number 59-3562793  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
YOUNG, STEVEN  
1503 ADAMS CIRCLE  
LARGO FL 33771

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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. ☐  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	YOUNG, STEVEN	
STREET ADDRESS	1503 ADAMS CIRCLE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DEBRA	
STREET ADDRESS	1503 ADAMS CIRCLE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAHER, DIANE	
STREET ADDRESS	1509 ADAMS CR	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Wimmers	
STREET ADDRESS	8500 Belcher Rd. Apt. 1606	
CITY-ST-ZIP	Orange, FL 33781	
TITLE	Pinelink Park	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Debra Young  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 727 588-0964  
Date Daytime Phone #

CR2E034 (10/00)