

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2000 8:00 am
Secretary of State
 04-28-2000 90085 011 ***150.00

DOCUMENT # P99000029860

1. Entity Name

STAR INTERNET COMMUNICATIONS INC.

Principal Place of Business

8566 FOREST OAKS BLVD. STE. 1
 SPRING HILL FL 34606

Mailing Address

8566 FOREST OAKS BLVD. STE. 1
 SPRING HILL FL 34606-6899

2. Principal Place of Business

8554 Forest Oaks Blvd

Suite, Apt. #, etc.

3. Mailing Address

8554 FOREST OAKS BLVD

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593564559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FREKEY, EDWARD H
 6195 FREEPORT DRIVE
 SPRING HILL FL 34608**

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. (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

TITLE **P** ☐ Delete
 NAME **GIRIT, DEBRA**
 STREET ADDRESS **4152 GLADE RD.**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **V** ☐ Delete
 NAME **SENKER, SANDRA M**
 STREET ADDRESS **7451 RIVER COUNTRY RD.**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **T** ☐ Delete
 NAME **GIRIT, ANTHONY**
 STREET ADDRESS **4152 GLADE RD.**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **S** ☐ Delete
 NAME **SENKER, MICHAEL J**
 STREET ADDRESS **7451 RIVER COUNTRY RD.**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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

4-19-00 352-684-7827

Date

Daytime Phone #