

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038439

i. Entity Name

FOUR STAR TITLE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90036 023 ***150.00

Principal Place of Business Mailing Address
W. HILLSBORO BLVD., STE. 103 1701 W. HILLSBORO BLVD., STE. 103
BEACH FL 33442 DEERFIELD BEACH FL 33442-1501

2. Principal Place of Business 3. Mailing Address
1761 W. Hillsboro Blvd 1761 W. Hillsboro Blvd
Suite, Apt. #, etc. Suite 104
City & State Deerfield Beach, FL Deerfield Beach, FL
Zip 33442 Country USA Zip 33442 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0914850 Applied For Not Applicable
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
MILLS, GARY M ESQ. 1701 W. HILLSBORO BLVD., STE. 103 DEERFIELD BEACH FL 33442
Name Gary M. Mills, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1761 W. Hillsboro Blvd, Suite 104
City Deerfield Beach FL Zip Code 33442

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 Gary M. Mills, Esq. 3/2/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME MILLS, GARY M STREET ADDRESS 16825-B ISLE OF PALMS DR. CITY-ST-ZIP DELRAY BEACH FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DV NAME HUNTER, CHUCK STREET ADDRESS 1430 S.W. 17TH ST. CITY-ST-ZIP BOCA RATON FL 33486	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DST NAME PAPAGNO, JAMES G STREET ADDRESS 6711 YELLOWSTONE LN. CITY-ST-ZIP PARKLAND FL 33067	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Gary M. Mills, President 3/2/00 954426-8600
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)