

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90079 048 ***150.00

DOCUMENT # P99000042340

1. Entity Name
FIVE-STAR CONSTRUCTION CO, INC.



Principal Place of Business
**26883 LOSTWOODS CIR.
BONITA SPRINGS FL 34135**

Mailing Address
**PO BOX 366728
BONITA SPRINGS FL 34136**

11007953



2. Principal Place of Business

8870 COLONADES CT W

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

314

City & State

City & State

BONITA SPRINGS, FL

Zip
34135

Country
U.S.

Zip

Country

4. FEI Number **59-3582732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLASUCCI, JOSEPH P
26883 LOSTWOODS CIR.
BONITA SPRINGS FL 34135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BLASUCCI, JOSEPH R**
STREET ADDRESS **26883 LOST WOODS CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **P.** ☒ Change ☐ Addition
NAME **BLASUCCI, JOSEPH R**
STREET ADDRESS **8870 COLONADES CT W 314**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)