

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90819 016 ***150.00

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DOCUMENT # P99000049709

1. Entity Name
FIVE STAR SALES AND LEASING, INC.



Principal Place of Business
**3711 S INDIAN DR
FORT PIERCE FL 34982**

Mailing Address
**4134 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**



2. Principal Place of Business

3. Mailing Address

3711 S. Indian River DR.

3711 S. Indian River DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft. Pierce, FL

City & State
Ft. Pierce, FL

4. FEI Number
65-0932005

Applied For
☐ Not Applicable

Zip
34982

Country
St. Lucie

Zip
34982

Country
St. Lucie

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

**LARROW, PAUL L
3501-302 DEL PRADO BLVD.
CAPE CORAL FL 33904-7201**

Name **KATHLEEN KATHLEEN Souders**
Street Address (P.O. Box Number is Not Acceptable)
3711 S. Indian River DR.
City **Ft. Pierce** FL **34982**

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 **Kathleen Souders V.P.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/03**

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 ☐ Delete
NAME **D**
STREET ADDRESS **SOUDERS, ALLAN**
CITY-ST-ZIP **3711 S INDIAN DR
FORT PIERCE FL 34982**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SOUDERS, KATHLEEN**
CITY-ST-ZIP **3711 S INDIAN DR
FORT PIERCE FL 34982**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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: **Kathleen Souders**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)