

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90042 036 \*\*\*150.00

**DOCUMENT # P99000091158**

1. Entity Name  
**ESTAR, INC.**

Principal Place of Business

**2575 ULMERTON ROAD  
 #350  
 CLEARWATER FL 33762**

Mailing Address

**2575 ULMERTON ROAD  
 #350  
 CLEARWATER FL 33762**

1 0 1 0 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**13630 58th ST**

Suite, Apt. #, etc.

**SUITE 108**

City & State

**CLEARWATER, FL**

Zip

**33760**

Country

**USA**

3. Mailing Address

**13630 58th ST**

Suite, Apt. #, etc.

**SUITE 108**

City & State

**CLEARWATER, FL**

Zip

**33760**

Country

**USA**

4. FEI Number

**59-3599984**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAIGHT, VAUGHN  
 2575 ULMERTON ROAD  
 STE. 350  
 CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name

**HAIGHT, VAUGHN**

Street Address (P.O. Box Number is Not Acceptable)

**13630 58th ST**

**SUITE 108**

City

**CLEARWATER**

**FL**

Zip Code

**33760**

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

*Vaughn Haight*

**VAUGHN HAIGHT**

**4-30-02**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAIGHT, VAUGHN</b>	
STREET ADDRESS	<b>4850 OSPREY DRIVE, #401</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33711</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GAGE, GEORGE R</b>	
STREET ADDRESS	<b>3605 S. LIGHTNER DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CF2E034 (9/01)

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:

*Vaughn Haight*

**VAUGHN HAIGHT, 4/30/02 727-572-1919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #