


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

04-17-2003 90177 028 ***150.00

DOCUMENT # P99000091158

1. Entity Name
ESTAR, INC.



Principal Place of Business
**13630 58TH STREET
SUITE 108
CLEARWATER FL 33760**

Mailing Address
**13630 58TH STREET
SUITE 108
CLEARWATER FL 33760**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3599984**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAIGHT, VAUGHN
13630 58TH STREET
SUITE 108
CLEARWATER FL 33760**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME Delete
**P
HAIGHT, VAUGHN**

STREET ADDRESS
4850 OSPREY DRIVE, #401

CITY-ST-ZIP
ST. PETERSBURG FL 33711

TITLE NAME Change Addition
~~ELLS, RONALD E.~~

STREET ADDRESS
4821 A FLAMINGO RD. W.

CITY-ST-ZIP
TAMPA, FL 33611

TITLE NAME Delete
**V
GAGE, GEORGE R**

STREET ADDRESS
3605 S. LIGHTNER DRIVE

CITY-ST-ZIP
TAMPA FL 33624

TITLE NAME Change Addition
**V
ELLS, RONALD E.**

STREET ADDRESS
4821 A FLAMINGO RD W.

CITY-ST-ZIP
Tampa, FL 33611

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Addition

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CITY-ST-ZIP

TITLE NAME Change Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME Change Addition

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: VAUGHN HAIGHT **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2003 **727-572-1919**

Date Daytime Phone #

CR2E034 (10/02)