2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P99000097260 1. Entity Name 04-11-2002 90664 011 ***150.00 MANSTAR INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 2804 DEL PRADO BLVD #105 2804 DEL PRADO BLVD #105 CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business スタスト Sw イスルロ しゅしと 3. Mailing Address スタスち Sw Hえいo トロレモ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State උත්රිදේ ලංග F٠ 65-0959779 Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired LUSA 3'33'17 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STARN, WAYNE Street Address (P.O. Box Number is Not Acceptable) 2825 S.W. 42ND LN. CAPE CORAL FL 33914 Zip Code City 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 PRESIDENT ed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Starn. Wayne STREET ADDRESS 2825 S.W. 42 LANE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR