

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01869

1. Entity Name

CHARIOTSTAR, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90052 024 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O OSBURN HENNING & COMPANY  
617 E. COLONIAL DRIVE  
ORLANDO FL 32803

C/O OSBURN HENNING & COMPANY  
617 E. COLONIAL DRIVE  
ORLANDO FL 32803-4602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1935811**

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

7. Name and Address of New Registered Agent

KAPLAN, SAM  
617 E. COLONIAL DR.  
ORLANDO FL 32803

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	VSTP	<input type="checkbox"/> Delete
NAME	KAPLAN, SAMUEL	
STREET ADDRESS	3936 S. SEMORAN BV B 275	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, SAMUEL	
STREET ADDRESS	3936 S. SEMORAN BV B275	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DILL, DONALD	
STREET ADDRESS	112 MAIN ST	
CITY-ST-ZIP	LANCASTER OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, SAMUEL	
STREET ADDRESS	16214 SOUTH 41ST STREET	
CITY-ST-ZIP	PHOENIX, AZ 85048	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, SAMUEL	
STREET ADDRESS	16214 SOUTH 41ST STREET	
CITY-ST-ZIP	PHOENIX, AZ 85048	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, BRIDGET	
STREET ADDRESS	16214 SOUTH 41ST STREET	
CITY-ST-ZIP	PHOENIX, AZ 85048	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, ALAN	
STREET ADDRESS	4411 E. CHANDLER BOULEVARD #1083	
CITY-ST-ZIP	PHOENIX, AZ 85048	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL, DONALD	
STREET ADDRESS	112 E. MAIN STREET	
CITY-ST-ZIP	LANCASTER, OH 43130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-00 480 706-8710

CR2E034 (9/99)