

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90283 013 ***150.00

DOCUMENT # S34941

1. Entity Name
PAT'S NU-STAR, INC., A FLORIDA CORPORATION

Principal Place of Business
619 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33880

Mailing Address
619 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3066925**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MURRAY, PATRICK M.
619 CYPRESS GARDNES BLVD
WINTER HAVEN FL 33880

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.

SIGNATURE _____ DATE _____
 Signature, typed 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 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

TITLE **PVS** ☐ Delete
 NAME **MURRAY, PATRICK M.**
 STREET ADDRESS **3919 CYPRESS LANDINGS N**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **TD** ☐ Delete
 NAME **MURRAY, PATRICK M.**
 STREET ADDRESS **3919 CYPRESS LANDINGS N**
 CITY-ST-ZIP **WINTER HAVEN FL**

NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVS** ☒ Change ☐ Addition
 NAME **MURRAY, PATRICK M.**
 STREET ADDRESS **2583 PARRIDGE Dr.**
 CITY-ST-ZIP **Winter Haven FL 33884**

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 NAME **MURRAY, PATRICK M.**
 STREET ADDRESS **2583 PARRIDGE Dr.**
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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

1-28-02 863 3247889

Date Daytime Phone #

CR2E034 (9/01)