## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$68656** 1. Entity Name STAR SUPPLY CO., INC. Principal Place of Business Mailing Address 2336 SE 13 COURT 2336 SE 13 COURT POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 U\$

## FILED May 03, 2001 8:00 am Secretary of State

05-03-2001 91112 018 \*\*\*150.00



2. Principal Place of Business			3. Mailing Address				T TO BELLEVIT BELLEV TO BELLEV TO BELLEV				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. 9	FEI Number 65-0272647			oplied For	
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired			\$9.75 Addisonal		
	6. Name	and Address of Current	Registered Agent			7. 1	Name and Address of New	Registered A	gent		
2336	ARD B. Court ICH FL 33062		Name Street Address (P.O. Box Number is Not Acceptable)								
					City		: 11.0	FL	Zip Cod	Э	
8. The above	named entit	y submits this statement fo	or the purpose of cha		ered office or re	egistered ag	ent, or both, in the State of	Florida.			
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature	required when re	einstating)	DATE			
_	oration is elig requirement a ria on back)	After M.	E NOW!!! FE AY 1, 2001 Fe k Payable to	e will be \$556 Department o	0.00 of State	10. Election Campaign f Trust Fund Contribut	tion.	n. Added to Fees			
11. OFFICERS AND DIRECTORS 12.						AD	DITIONS/CHANGES TO O	FFICERS AND	DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2336 SE	RICHARD B. 13TH COURT O BEACH FL	□ De	N/ ST	TLE AME FREET ADDRESS ITY-ST-ZIP				□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP	,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · ·	- بندید ده د	Ď	N/ S1	TLE AME TREET ADDRESS TY-ST-ZIP		THE STATE OF THE	প্রচান্ত্র হৈ হৈ	Change ~	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	N/ ST	TLE AME REET ADDRESS TY-ST-ZIP				□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NA ST	TLE AME REET ADDRESS TY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NA ST	TLE AME REET ADDRESS TY-ST-ZIP				Change	☐ Addition	
indicated of the corr	on this repor poration or th	t or supplemental report is	true and accurate a wered to execute th	ind that my sign is report as requ	iature shali havi	e the same i	119.07(3)(i), Florida Statutes egal effect as if made unde da Statutes; and that my nai	r oath: that I an	n an officer	or director	

(954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD B WILSON PRESIDENT

4-24-01 946-5440

Daytime Phone #