2003 FOR PROFIT CORPORATION

FILED Mar 06, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** V55888 DOCUMENT # 1. Entity Name 03-06-2003 90094 049 ***150.00 STAR CHIEF, INC. Principal Place of Business Mailing Address 11497 72ND TERRACE, NORTH 11497 72ND TERRACE, NORTH SEMINOLE FL 34642 SEMINOLE FL 34642 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3135427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILTON, DONALD R. Street Address (P.O. Box Number is Not Acceptable) 11497 72ND TERRACE NORTH SEMINOLE FL 34642 City Zip Code The above g the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE t and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HILTON, DONALD R. NAME NAME 11497 72ND TERRACE NORTH STREET ADDRESS STREET ADDRESS SEMINOLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

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 supplied 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 receiper 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 attachmer

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: <

STREET ADDRESS

CITY-ST-ZIP