

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90301 037 ***150.00

DOCUMENT # K66848

1. Entity Name
STARBOARD TECHNOLOGIES, INC.

Principal Place of Business %HAROLD G. SCHENKER 6745 POINCIANA COURT MIAMI FL 33143	Mailing Address %HAROLD G. SCHENKER 6745 POINCIANA COURT MIAMI FL 33143
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2. Principal Place of Business 215 N. COCONUT LANE Suite, Apt. #, etc.	3. Mailing Address 3070 CAMINITO AVE Suite, Apt. #, etc.
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City & State MIAMI BEACH FL	City & State YUBA CITY CA	4. FEI Number 65-0112797	Applied For <input type="checkbox"/> Not Applicable
Zip 33139	Country DADE	Zip 95991	Country SUTTER



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SCHENKER, HAROLD G.
6745 POINCIANA COURT
MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name **HAROLD SCHENKER**
 Street Address (P.O. Box Number is Not Acceptable)
215 N. COCONUT LANE
 City **MIAMI BEACH FL** Zip Code **33139**

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 **1/28/01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHENKER, HAROLD G. 6745 POINCIANA COURT MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULGEN, SHELLY M 6745 POINCIANA CT MIAMI FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAROLD G. SCHENKER 215 N. COCONUT LANE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHELLEY SCHENKER 215 N. COCONUT LANE MIAMI BEACH FL, 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARVIN SCHENKER 215 N. COCONUT LANE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: **HAROLD G. SCHENKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date **1/28/01** Daytime Phone # **530-751-0444**

UNITED

CR2E034 (10/00)