

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K70846**

1. Entity Name

SEA STAR TRAILER RENTALS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90036 027 ***150.00

Principal Place of Business

Mailing Address

% JAMES D. HOLSOMBAKE
2205-A GRANT AVENUE
PANAMA CITY FL 32405

% JAMES D. HOLSOMBAKE
2205-A GRANT AVENUE
PANAMA CITY FL 32405-1367

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

59-2937507

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLSOMBAKE, JAMES D.
2205-A GRANT AVENUE
PANAMA CITY FL 32405

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 _____

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 Delete
 NAME **D HOLSOMBAKE, JAMES D.**
 STREET ADDRESS **2009 NATLIE STREET**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KOIKAS, JAMES B.**
 STREET ADDRESS **304 N. 19TH STREET**
 CITY-ST-ZIP **BESSEMER AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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 similar to that of the person like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Holsomake 03/13/00

Date

31 850-785-3443

Daytime Phone #

CR2E034 (9/99)