## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # J38206  1. Entity Name  STARLINER YACHTS, INC.					Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90163 032 ***150.00			
Principal Plac	ce of Business	Mailing Address						
11440 -66TH ST N. LARGO FL 33773 US		P O BOX 98 PINELLAS PARK FL 33780 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4.	FEI Number 59-2732745		oplied For of Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	¢9.75	ditional	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regist	ered Agent		
VANCE, MURRY A 11440 -66TH ST N. LARGO FL 33773			Street A	Address (P.O. Box Number is Not Acceptable)				
	·		City			FL Zip Cod	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW! After MAY 1, 20			E: Registered Agent signature required !!! FEE IS \$150.00 01 Fee will be \$550.00 ple to Department of Stat		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANCE, MURRY A 11440 -66TH ST N. LARGO FL 33773	Directors Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secre Murry 11440		K) Change	Addition	
TITLE NAME : STREET ADDRESS CITY-ST-ZIP	V VANCE, RICHARD A 11440 -66TH ST N. LARGO FL 33773	. Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Presid Fernan 725 Ha	dent ndo Carrizosa arbour Point Drive	CX Change	Addition	
TITLE	S VANCE, JANICE L 7381 114TH AVE N STE 402 A LARGO FL 33773	,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jáime 2719 N	President Carrizosa, MD Marsh Wren Circle Dod, FL 32779	<b>☆</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	itrue and accurate and that movered to execute this report :	ny signature shall ha as required by Cha	ave the same	legal effect as if made under oath, t	hat Lam an officer.	or director	

Murry A. Vance, Secretary, 4/17/01, 727 5491105

Daytime Phone #