

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90452 047 ***150.00

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DOCUMENT # J38206

1. Entity Name
STARLINER YACHTS, INC.



Principal Place of Business
**11440 -66TH ST N.
LARGO FL 33773
US**

Mailing Address
**P O BOX 98
PINELLAS PARK FL 33780
US**



2. Principal Place of Business

3. Mailing Address

12201 NW 30th Place

P.O. Box 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Pinellas Park FL

4. FEI Number **59-2732745**

Applied For

Not Applicable

Zip

33167

Country

DADE

Zip

33780

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANCE, MURRY A
11440 -66TH ST N.
LARGO FL 33773**

Name

VANCE, MURRY A

Street Address (P.O. Box Number is Not Acceptable)

12201 NW 30th Place

City

Miami

FL

Zip Code

33167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Murry A Vance*
Signature, typed or printed name of registered agent and title if applicable.

MURRY A. VANCE

4-17-3

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **VANCE, MURRY A**
STREET ADDRESS **11440 -66TH ST N.**
CITY-ST-ZIP **LARGO FL 33773**

TITLE **S** ☒ Change ☐ Addition
NAME **VANCE, MURRY A**
STREET ADDRESS **12201 N.W. 30th Place**
CITY-ST-ZIP **Miami FL 33167**

TITLE **P** ☐ Delete
NAME **CARRIZOSA, FERNANDO**
STREET ADDRESS **725 HARBOUR POINT DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CARRIZOSA, JAIME MD**
STREET ADDRESS **2719 MARSH WREN CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-3

Date

727-647-1561

Daytime Phone #

CR2E034 (10/02)