

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

5/

05-01-2003 90271 040 \*\*\*\*50.00

DOCUMENT # L02000008152

1. Entity Name

STARPOINT SALES, LLC



Principal Place of Business

101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602-5151

Mailing Address

101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602-5151

44003212



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Starpoint Sales  
Suite, Apt. #, etc.  
253 N 18th Ave  
City & State  
Jacksonville Bch FL

3. Mailing Address

Starpoint Sales  
Suite, Apt. #, etc.  
253 N 18th Ave  
City & State  
Jacksonville Bch FL

4. FEI Number

02-0584193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, PAUL R  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602-5151

7. Name and Address of New Registered Agent

Name

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

133 Crosscove Circle

City

Ponte Vedra Bch FL

Zip Code

32082

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

*Gina McCaw*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner-Manager Gina McCaw 133 Crosscove Cir Ponte Vedra Bch FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Owner-Manager Gregg McCaw 133 Crosscove Cir Ponte Vedra Bch FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Gina McCaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-03

Date

(904)

247-7277

Daytime Phone #

CR2E083 (10/02)