

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000716**

1. Entity Name  
**STARFISH SERVICES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:03

Principal Place of Business  
5117 CASTELLO DRIVE, SUITE 1  
NAPLES FL 34103

Mailing Address  
5117 CASTELLO DRIVE, SUITE 1  
NAPLES FL 34133-0279



2. Principal Place of Business  
**5051 CASTELLO DR. STE 17**

3. Mailing Address  
**5051 CASTELLO DR. 17**

DO NOT WRITE IN THIS SPACE

City & State  
**NAPLES, FLORIDA**

City & State  
**NAPLES, FLORIDA**

4. FEI Number **59-3553849** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

Zip **34103** Country **FL** Zip **34103** Country

6. Name and Address of Current Registered Agent  
~~AMBURN, JAMES W~~  
~~5117 CASTELLO DRIVE, SUITE 1~~  
~~NAPLES FL 34103~~

7. Name and Address of New Registered Agent  
Name **WALTER ROLLER**  
Street Address (PO Box, etc.)  
**5051 CASTELLO DRIVE, STE 17**  
City **NAPLES, FLORIDA** FL Zip **34103**

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 **W. Roller, WALTER ROLLER, PRESIDENT 2/28/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM E.V.S. VACANCES SYSTEM BERGE &amp; MEER ROEMERGRABEN 5 56579 RENGSDORF, GERMANY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM COAST TO COAST INVESTMENTS 5051 CASTELLO DRIVE, SUITE 17 NAPLES FL 34103</b> <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	<b>mf 3/16/00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM COAST-TO-COAST INVESTMENT GROUP INC., 5051 CASTELLO DR, STE 17, NAPLES FL 34103</b> <input checked="" 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	<b>400003179804--0</b> <b>-03/22/00--01047--023</b> <b>*****50.00 *****50.00</b> <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: **W. Roller, WALTER ROLLER, PRESIDENT, 2/28/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)