2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 28 PM 12: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001734 SP

DOCUMENT # M98000000071

1. Entity Name
STAR FISHING TACKLE, LLC

Principal Place of Business	Mailing Address
8538 NW 64TH STREET MIAMI FL 33166	LITTLE NINE DRIVE MOREHEAD CITY FL 28557

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		158 Little Nine dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Morehead City,	
Zip	Country	Zip: 28557	Country: USA

MDM

4. FEI Number 56-2060036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELLER, BARRY
8538 NW 64TH STREET
MIAMI FL 33166

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

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HENRY, TROY D JR LITTLE NINE DR. MOREHEAD CITY NC 28557	☐ 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 100003249331--3 -05/11/00--01121--004 *****50.00 *****50.00
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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: SIGNATURE REQUIRED [signature] 3-17-00 252-247-4113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Date | Daytime Phone #