

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001076

1. Entity Name

STARBASE ATLANTIS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90097 030 ****61.25

Principal Place of Business

NAVAL AIR STATION
BLD 1907
PENSACOLA FL 32508
US

Mailing Address

P.O. BOX 1104
PENACOLA FL 32595-1104
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3369819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGGINS, STEPHEN F
900 NORTH 12TH AVE
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Patrick L. Jackson

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

101 East Government Street

City

Pensacola

FL

Zip Code
32501

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, TIM	
STREET ADDRESS	4 PORT ROYAL WAY	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, PATRICK L	
STREET ADDRESS	101 E GOVERNMENT ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	C	<input type="checkbox"/> Delete
NAME	WINDHAM, PAT	
STREET ADDRESS	P.O. BOX 110	
CITY-ST-ZIP	PENSACOLA FL 32591	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLCOTT, CHARLES I	
STREET ADDRESS	3309 WHITELEAF CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGGINS, STEPHEN F	
STREET ADDRESS	900 NORTH 12TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITCHIE, MR BUZZ	
STREET ADDRESS	17 S PALAFOX ST. SUITE #394	
CITY-ST-ZIP	PENSACOLA FL 32591	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK BAKER	
STREET ADDRESS	17 S. PALAFOX ST, ST634H	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 13401	
CITY-ST-ZIP	PENSACOLA, FL 32591	

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 617, 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:

DICK BAKER

5/11/00

850-434-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)