2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000063044

1. Entity Name

STARLIGHT CRUISERS INC.
(OF SOUTH FL)

Principal Place of Business	Mailing Address
1515 North Federal Hwy Suite 300 Boca Raton, FL. 33432	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☑ Not Applicable

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
Ronald M. Peasley 300 N.E. 26th St. Boca Raton, FL. 33431	Name Street Address (P.O. Box Number is Not Acceptable) SAME 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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bob Reese 3741 N.E. 13th Ave Pompano Beach FL. 33064 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Deb Cook 630 S.W. 44th Ave Plantation, FL. 33317 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Jim Ring 811 N.W. 43rd Ave Coconut Creek FL. 33066 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Director Lynn Schmoll 11450 N.W. 39th Ct. Coral Springs FL. 33065 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Recording Secretary Deb Cook 630 S.W. 44th Ave Plantation, FL. 33317 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Recording Secretary / Director Carol Schmoll 11450 N.W. 39th Ct. Coral Springs, FL. 33065 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lynn Schmoll Treasurer 11450 N.W. 39th Ct Coral Springs, FL. 33065 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / Director Carol Schmoll 11450 N.W. 39th Ct. Coral Springs, FL. 33065 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

CR2E037 (9/99)

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: Ronald M. Peasley Ronald M. Peasley 4-10-2000 561-392-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #