

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90309 007 \*\*\*\*70.00

0042661

**DOCUMENT # N99000002658**

1. Entity Name

**STARLIGHT CRUISERS INC. (OF SOUTH FL.)**



Principal Place of Business

**1140 HOLLAND DR., #15  
BOCA RATON FL 33487**

Mailing Address

**1140 HOLLAND DR., #15  
BOCA RATON FL 33487**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PEASLEY, RONALD M  
1140 HOLLAND DR., #15  
BOCA RATON FL 33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ronald M. Peasley*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-15-03**

**FILE NOW: FEE IS \$61.25 + \$8.75**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SCHMOLL, LYNN**  
STREET ADDRESS **11450 N.W. 39TH CT.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **T** ☐ Delete  
NAME **SCHMOLL, CAROL**  
STREET ADDRESS **11450 NW 39TH CT**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **SD** ☐ Delete  
NAME **SHACKET, ROGER**  
STREET ADDRESS **4140 N.W. 101ST DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VPD** ☒ Delete  
NAME **WALLACE, RAY**  
STREET ADDRESS **4905 S.W. 24TH AVE.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **VPD**  
STREET ADDRESS **DENNIS GRAHAM**  
CITY-ST-ZIP **9053 N.W. 23RD PLACE  
CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** **04-15-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-989  
8140**

CR2E037 (10/02)