

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053850

1. Entity Name

STAR CRUISER EQUIPMENT, INC.

Principal Place of Business

Mailing Address

3405 AMACA CIRCLE  
ORLANDO FL 32837

3405 AMACA CIRCLE  
ORLANDO FL 32837

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

59-366-7203

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

MAURER, PAUL E  
2470 WHISPERING MAPLE DRIVE  
ORLANDO FL 32837

Name

BARBARA RENZULLI

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

3405 AMACA CIRCLE

City

ORLANDO

FL

Zip Code

32837

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

Barbara Renzulli

BARBARA RENZULLI

4/16/01

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRES  
NAME PAUL E. MAURER  
STREET ADDRESS 5774 460TH ST  
CITY- ST- ZIP PAULINA IA. 51046 ☐ Delete

TITLE VICE PRES  
NAME BARBARA RENZULLI  
STREET ADDRESS 3405 AMACA CIRCLE  
CITY- ST- ZIP ORL. FL 32837 ☐ Delete

TITLE SECRETARY  
NAME KATHY MAURER  
STREET ADDRESS P.O. BOX 1031  
CITY- ST- ZIP MURPHY N.C. 28906 ☐ Delete

TITLE TREASURER  
NAME PAUL MAURER  
STREET ADDRESS P.O. BOX 1031  
CITY- ST- ZIP MURPHY N.C. 28906 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

Barbara Renzulli

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICE (FOR DIRECTOR)

4/16/01 407-856-1662

DATE

Daytime Phone #

4/

FILED

May 29, 2001 8:00 am  
Secretary of State

04-25-2001 90137 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)