

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90307 031 \*\*\*150.00

0119601 AV

**DOCUMENT # P00000053850**

1. Entity Name  
**STAR CRUISER EQUIPMENT, INC.**



Principal Place of Business  
**3405 AMACA CIRCLE  
ORLANDO FL 32837**

Mailing Address  
**3405 AMACA CIRCLE  
ORLANDO FL 32837**



2. Principal Place of Business  
**4700 HILLEGIA BLVD  
Suite, Apt. #, etc.  
SUITE 175**

3. Mailing Address  
**PO Box 710  
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO FL**

City & State  
**MURPHY NC**

4. FEI Number **59-3667203**

Applied For  
Not Applicable

Zip  
**32839**

Country

Zip  
**28906**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RENZULLI, BARBARA  
3405 AMACO CIRCLE  
ORLANDO FL 32837**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **ERDMANN, PAUL**  
CITY-ST-ZIP **5774 460TH ST.  
PAULLINA IA 51046**

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **RENZULLI, BARBARA**  
CITY-ST-ZIP **3405 AMACA CIRCLE  
ORLANDO FL 32837**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **MAURER, KATHERIN**  
CITY-ST-ZIP **P.O BOX 1031  
MURPHY NC 28906**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MAURER, PAUL**  
CITY-ST-ZIP **P.O BOX 1031  
MURPHY NC 28906**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1712 ORTHA EASTLE HALEY BLVD, APT 31**  
CITY-ST-ZIP **NEW ORLEANS, LA 70115**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4195 US 64 WEST #5**  
CITY-ST-ZIP **MURPHY NC 28906**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4195 US 64 WEST #5**  
CITY-ST-ZIP **MURPHY NC 28906**

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 607, 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:

**RECEIVED RECAP MAURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03**  
Date

**828-835-3549**  
Daytime Phone #

CR2E034 (10/02)