

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91070 039 \*\*\*150.00

**DOCUMENT # P00000106521**

1. Entity Name

**STARKEY, INC.**

Principal Place of Business

Mailing Address

**C/O BOMSER  
 7540 NW 5TH STREET #1  
 PLANTATION FL 33317**

**C/O BOMSER  
 7540 NW 5TH STREET #1  
 PLANTATION FL 33317**

2. Principal Place of Business

**2400 E. LAS OLAS BLVD.**

3. Mailing Address

**2400 E LASOLAS BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**F**

**F**

City & State

**FT. LAUDERDALE, FL**

City & State

**FT LAUDERDALE FL**

Zip

**33301**

Country

**US**

Zip

**33301**

Country

**US**

4. FEI Number

**65-1052836**

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

**BOMSER, STEVEN  
 7540 NW 5TH STREET  
 SUITE 1  
 PLANTATION FL 33317**

Name **RYAN SCHOLES**

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

**3303 LETEUNE RD**

City **MIAMI**

**FL**

Zip Code

**33134**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOMSER, STEVEN</b>	
STREET ADDRESS	<b>7540 NW 5TH STREET #1</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P.D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RYAN SCHOLES</b>	
STREET ADDRESS	<b>3303 LETEUNE RD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 fee empowered.

SIGNATURE: **X**

**RYAN SCHOLES, PRESIDENT**

Date

**1/17/01 (954) 767-9792**

Daytime Phone #

CR2E034 (10/00)