

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90069 007 \*\*\*158.75

0626046 AT

**DOCUMENT # P00000116747**

1. Entity Name  
**STARSHIP CRUISE LINE, INC.**

Principal Place of Business  
**315 EAST BEACH BLVD**  
**BILOXI MS 39530**

Mailing Address  
**315 EAST BEACH BLVD**  
**BILOXI MS 39530**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**601 South Harbour Island Blvd.**

Suite, Apt. #, etc.

**104**

City & State

**TAMPA, Florida**

Zip

**33602**

Country

**USA**

3. Mailing Address

**601 South Harbour Island Blvd.**

Suite, Apt. #, etc.

**104**

City & State

**TAMPA, Florida**

Zip

**33602**

Country

**USA**

4. FEI Number

**72-1235450**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CECCORULLI, LEE**  
**306 SHELTON COURT**  
**CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name

**TROY MANTHEY**

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

**601 South Harbour Island Blvd Ste 104**

City

**Tampa**

FL

Zip Code

**33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-2-02**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	<b>MANTHEY, TROY</b>	
STREET ADDRESS	<b>315 EAST BEACH BLVD</b>	
CITY-ST-ZIP	<b>BILOXI MS 39530</b>	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	<b>MANTHEY, TROY</b>	
STREET ADDRESS	<b>315 EAST BEACH BLVD</b>	
CITY-ST-ZIP	<b>BILOXI MS 39530</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>JARRELL, JERRY</b>	
STREET ADDRESS	<b>315 EAST BEACH BLVD</b>	
CITY-ST-ZIP	<b>BILOXI MS 39530</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KEENAN, BURT</b>	
STREET ADDRESS	<b>315 EAST BEACH BLVD</b>	
CITY-ST-ZIP	<b>BILOXI MS 39530</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Troy Manthey</b>	
STREET ADDRESS	<b>601 South Harbour Island Blvd Ste 104</b>	
CITY-ST-ZIP	<b>Tampa, FL 33602</b>	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Troy Manthey</b>	
STREET ADDRESS	<b>601 South Harbour Island Blvd</b>	
CITY-ST-ZIP	<b>Tampa, FL 33602</b>	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jerry Jarrell</b>	
STREET ADDRESS	<b>17571 Red Oak Drive</b>	
CITY-ST-ZIP	<b>Houston, TX 77090</b>	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Burt Keenan</b>	
STREET ADDRESS	<b>17571 Red Oak Drive</b>	
CITY-ST-ZIP	<b>Houston, TX 77090</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
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 like empowered.

SIGNATURE:

*Troy Manthey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-2-02**

**813-223-7999**

CR2E034 (9/01)