## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000112668

1. Entity Name

5 STAR ISLAND INTERIORS, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90356 034 \*\*\*150.00

						OF WE 1	1				
Principal Place of Business 29566 LUCRECIA STREET BIG PINE KEY FL 33043			Mailing Address 29566 LUCRECIA STREET BIG PINE KEY FL 33043								
2. Principal P	lace of Busin	ess	3. Mailing Address				-	# 1681;1001; 111; 881(0); 140(1; 001(1); 001(1); 001(1); 001(1); 001(1); 001(1); 001(1); 001(1); 001(1); 001(1)			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	e		City & State				4.	11311393803			oplied For ot Applicable
Zip Country			Zip	Zip Country			5.	Certificate of Status Desired		3.75 Add	ditional
6. Name and Address of Current Registered Agent							7.	Name and Address of New Regist	ered Age	nt	
MERKEL, HOWARD L						Name					
				Street Address			(P.O. E	Box Number is Not Acceptable)			
540 KEY DEER BLVD BIG PINE KEY FL 33047											
						City	<u></u>		FL	Zip Cod	e
	named entity ions of regist		r the purpo	se of changing its	registere	d office or registe	ered ag	gent, or both, in the State of Florida.	I am fam	iliar with,	and accept
SIGNATURE .	Singature based	or printed name of registered agent	and title if applie	onblo (NOTE	- Pagistares	f Agent signature require	ad whon o	teinetaling	DATE		
F		! FEE IS \$150.00	and the ir applic	sable. (NOTE			o where			ΦΕ.Ο	0 -
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Financir     Trust Fund Contribution.	ig 🗆		May Be I to Fees
10.		OFFICERS AND	DIRECTOR	19	11.		ΔΓ	DDITIONS/CHANGES TO OFFICER	S AND DI	BECTOR:	S IN 11
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2. I hereby certify that the information supplied with this filling 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:** 

INTURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

Date

Description

Description