


FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90132 021 ***150.00

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

DOCUMENT # P02000037883

1. Entity Name
STARTUP FLORIDA, INC.



30134179

Principal Place of Business
**515 AVENIDA DEL NORTE
 SARASOTA, FL 34242**

Mailing Address
**515 AVENIDA DEL NORTE
 SARASOTA, FL 34242**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **74-3040418**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SWIER, RICHARD
 615 AVENIDA DEL NORTE
 SARASOTA, FL 34242**

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  DATE **3/20/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature obtained when necessary)

**FILE NOW WITH FEES IS \$50.00
 MAY 15, 2003 Fee will be \$530.00
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P. T. S. RICHARD SWIER	515 Avenida Del Norte	Sarasota, FL 34242	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE **3/20/2003** OFFICE PHONE # **941 928 9269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

3349

ATTACHMENT

90134179

3.2

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

DOCUMENT# G02105900436

Fictitious Name to be Registered: STARTUP FLORIDA

[REDACTED]
P02000037883

Mailing Address of Business: 515 AVENIDA DEL NORTE
SARASOTA, FL 34242

Florida County of principal place of business: MULTIPLE

FEI Number:

FILED
Apr 14, 2002 8:00 AM
Secretary of State

Owner(s) of Fictitious Name:

SWIER, RICHARD
515 AVENIDA DEL NORTE
SARASOTA, FL 34242

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

RICH SWIER

04/14/2002

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()