

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90125 015 ***150.00

DOCUMENT # P02000052191

1. Entity Name

MORNING STAR CHARTERS OF N.W. FLORIDA, INC.



Principal Place of Business

**4050 INDIGO DR #103
PENSACOLA FL 32507**

Mailing Address

**4050 INDIGO DR #103
PENSACOLA FL 32507**

2. Principal Place of Business

725 Marlinspike Drive

3. Mailing Address

PO Box 34220

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

01-0692405

Applied For

☐ Not Applicable

Zip

32507

Country

USA

Zip

32507

Country

USA

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

VARNES, RICHARD

**4050 INDIGO DR #103
PENSACOLA FL 32507**

Name

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

725 Marlinspike Dr.

City

Pensacola

FL

Zip Code

32507

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D VARNES, RICHARD**
STREET ADDRESS **4050 INDIGO DR #103**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition
NAME **725 Marlinspike Drive**
STREET ADDRESS **Pensacola, FL 32507**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D VARNES, BRENDA**
STREET ADDRESS **4050 INDIGO DR #103**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Change ☐ Addition
NAME **725 Marlinspike Drive**
STREET ADDRESS **Pensacola, FL 32507**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

850-497-1834

Daytime Phone #

CR2E034 (10/02)