

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90200 013 ***150.00

DOCUMENT # P02000100850

1. Entity Name
STARPLACE, INC.



Principal Place of Business
**4099 TAMiami TRAIL NORTH
FOURTH FLOOR
NAPLES FL 34103**

Mailing Address
**4099 TAMiami TRAIL NORTH
FOURTH FLOOR
NAPLES FL 34103**

11014642



2. Principal Place of Business

3. Mailing Address c/o David G. Budd
3033 Riviera Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State
Naples, Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

34103

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
NAPLES FL 34103**

Name

Sheldon W. Starman

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

4099 Tamiami Trail North

Suite 400

City
Naples

FL

Zip Code
34103

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

Sheldon W. Starman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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	D	<input type="checkbox"/> Delete
NAME	BUDD, DAVID G	
STREET ADDRESS	3033 RIVIERA DR. SUITE 201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

David G. Budd
DAVID G. BUDD, DIRECTOR

4/15/03

(239) 263-7700

Date

Daytime Phone #

CR2E034 (10/02)