

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

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 016 ***150.00

DOCUMENT # P05000131145	
1. Entity Name	
SEA STAR BOAT CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 281 AMERICAN SPIRIT RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State	
Zip 33880	Country	Zip	Country

4. FEI Number 20-3561802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name MICHEL, EMILIO	
Street Address (P.O. Box Number is Not Acceptable) 1448 BLUE SKY WAY	
City CLERMONT	Zip Code FL 34714

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  **EMILIO MICHEL** **4/24/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHEL, EMILIO 1448 BLUE SKY WAY CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHEL, ROBERTO B 11535 SW 7 ST MIAMI, FL 33174
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **EMILIO MICHEL, PRESIDENT** **4/24/2007** **(863) 299-8215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**