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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 23 AM 11:03

DOCUMENT # P05000131145

1. Entity Name

SEA STAR BOAT CORP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
281 AMERICAN SPIRIT RD	
Suite, Apt. #, etc.	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 ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHEL, EMILIO

Street Address (P.O. Box Number is Not Acceptable): 157 HOMEWOOD CT

City: WINTER HAVEN **FL** Zip Code: 33880

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: MICHEL EMILIO A — 1/29/2009

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MICHEL, EMILIO A
STREET ADDRESS	157 HOMEWOOD CT
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
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11.

TITLE	
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CITY-ST-ZIP	700147028427
TITLE	03/24/09--01007--029 **150.00
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CITY-ST-ZIP	

3/24/09

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: MICHEL, EMILIO A — 1/29/2009 — (863) 299-8215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #