

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086435

1. Entity Name

STARS REGISTER OF YACHTS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90172 001 ***150.00

Principal Place of Business

Mailing Address

1712 TANGLEWOOD DR. NE
ST. PETERSBURG FL 33702

1712 TANGLEWOOD DR. NE
ST. PETERSBURG FL 33702-4732

051400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6281 39th ST. N

3. Mailing Address

6281 39th ST N

Suite, Apt. #, etc.

STE. D

Suite, Apt. #, etc.

STE D

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

4. FEI Number

59-3355487

Applied For

Not Applicable

Zip

Country

33781

USA

Zip

Country

33781

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

MOE, ATLE
1712 TANGLEWOOD DR. NE
ST. PETERSBURG FL 33702

Name

ATLE MOE

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

6281 39th ST N

STE. D.

City

PINELLAS PARK, FL

FL

Zip Code

33781

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATLE, MOE 1712 TANGLEWOOD DR NE ST PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THYRRE, KRISTINA 1712 TANGLEWOOD DR NE ST PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
6281 39th ST N, STE. D PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
6281 39th ST N, STE. D PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #