## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 15, 2000 8:00 am Secretary of State DOCUMENT # P95000086435 STARS REGISTER OF YACHTS, INC. 05-15-2000 90172 001 \*\*\*150 00 Mailing Address Principal Place of Business 1712 TANGLEWOOD OR. NE 1712 TANGLEWOOD DR. NE 6 5 17 4 V V ST. PETERSBURG FL 33702-4732 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address 6281 39th ST. N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. STE 37E. Applied For 4. FEI Number City & State City & State 59-3355487 park, fl Not Applicable PINELLAS Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EMOE Street Address (P.O. Box Number is Not Acceptable) MOE, ATLE 1712 TANGLEWOOD DR. NE ST. PETERSBURG FL 33702 STE. D. sthis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subp SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE □ Delete NAME NAME ATLE, MOE 6281 39th ST N, STE.D STREET ADDRESS STREET ADDRESS 1712 TANGLEWOOD DR NE CITY-ST-ZIP 33781 CITY-ST-ZIP ST PETERSBURG FL ■ Addition ☐ Delete TITI F TITLE NAME THYRRE, KRISTINA NAME 6221 394 ST N. STEBD STREET ADDRESS 1712 TANGLEWOOD DR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL - Change - 🗔 Addition TITLE -TITLE ~ Delete · NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empewhed to execute his 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 of empowered. SIGNATURE: \(\Section\)

Date

Daytime Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR