## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P96000070878

1. Entity Name

STAR TRAVEL INTERNATIONAL, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90038 031 \*\*\*150.00

Sure, Apt. #, etc.   Sule, Apt. #, etc.   Sule, Apt. #, etc.   Guy & State   A. FEI Number   Sp-3403042   Applied For   Not Applied For	Principal Place of Business 2970 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257 US		Mailing Address 2970 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257 US 3. Mailing Address						
A FEI Number 59-3403042						_	☐ CHECK HERE IF MA	KING CHANGES	
Carry & Sisten	Suite, Apt. #,	etc.				Applied For			
6. Name and Address of Current Registered Agent  WORICH, MICHAEL A 1301 RIVERPLACE BOULEVARD SUTE 1500 JACKSONNILE FL 32207  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept the obligations of registered agent, or both, in the State of Richael is an familiar with, and accept th	City & State		City &	State			59-3403042	\$8.75 Addi	
WODRICH, MICHAEL A 1301 RVERPLACE BOULEVARD SUTTE 1500 JACKSONVILLE FL 32207  6. The above named enrity submits this statement for the purpose of changing its registered addition or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIPECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TIPE NAME STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS COTY-ST-2P JACKSONVILLE FL  TIPE DV COTHERN, H B STRET ADDRESS STRET ADDRESS COTY-ST-2P JACKSONVILLE FL  TIPE STRET ADDRESS STRET ADDRESS COTY-ST-2P JACKSONVILLE FL  TIPE DV COTHERN, H B STRET ADDRESS STRET ADDRESS STRET ADDRESS COTY-ST-2P JACKSONVILLE FL  TIPE STRET ADDRESS S	Zip Country		Zip		Country		Certificate of Status Desired Fee Required		<u> </u>
WODRICH, MICHAEL A 1301 RIVERPLACE BOULEVARD SUITE 1500  JACKSONVILLE FL 32207  © Chy FL Zip Code  Chy FL Zip Code  Chy FL Zip Code  Chy FL State of Florida i sem familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Rayable to Florida Department of State  10. OFFICERS AND DIRECTORS  OFFICE		6. Name and Address of Currer	t Registered	Agent		7. Na	ame and Address of New Regist	ered Agent	
B. 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    Signature, typed or purpose of engineer agent and the if applicable.   (NOTE Registered Agent algoritus requires when remarking)   DATE		MICHAEL A		,					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I arm familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typector printed name of registered agent and tale if applicable.  PILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  NAME  SITER ADDRESS  CIV-ST-7P  JACKSONVILLE FL  DV  NAME  STREET ADDRESS  CIY-ST-2P  JACKSONVILLE FL  DV  DEAR  JACKSONVILLE FL  DV  DARTLEY RD  JACKSONVILLE FL  DV  DARTLEY RD  JACKSONVILLE FL  DV  DEAR  STREET ADDRESS  CIY-ST-2P  JACKSONVILLE FL  DV  DEAR  STREET ADDRESS  CIY-ST-2P  JACKSONVILLE FL  DV  DARTLEY RD  JACKSONVILLE FL  DV  DEAR  STREET ADDRESS  CIY-ST-2P  JACKSONVILLE FL  DV  DARTLEY RD  JACKSONVILLE FL  DV  DARTLEY RD  JACKSONVILLE FL  DV  DEAR  STREET ADDRESS  CIY-ST-2P  JACKSONVILLE FL  DV  DARTLEY RD  JACKSONVILLE FL  DV  DEAR  STREET ADDRESS  CIY-ST-2P  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CIY-ST-2P  Change  Addition  Addition	IA OVO ONIV	NIE EL 22207							
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees  Make Check Payable to Florida Department of State  10.	the obligatio	ns or registered agent.							
10. OFFICERS AND DIRECTORS  TITLE  TYPE  TOP  FOSTER, RONALD H  2900 HARTLEY RD  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DY  CAddition  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DS  SMITH, DONALD L  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DS  SMITH, DONALD L  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHARGE  CHARGE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHARGE  CHARGE  TITLE  NAME  STREET ADD	FII	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen	00 t of State	-		<u>-</u>	Trust Fund Contribution.	Adde	d to Fees
STREET ADDRESS OTY-ST-ZIP JACKSONVILLE FL  TITLE DV DEAN, LINDA J STREET ADDRESS OTTY-ST-ZIP JACKSONVILLE FL  TITLE TITLE SMITH, DONALD L STREET ADDRESS OTTY-ST-ZIP TITLE SMITH, DONALD L STREET ADDRESS OTTY-ST-ZIP TITLE SMITH, DONALD L STREET ADDRESS OTTY-ST-ZIP TITLE NAME SMITH, DONALD L STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS STR	TITLE NAME STBTET ADDRESS CHIV-ST-ZIP TITLE	DP FOSTER, RONALD H 2900 HARTLEY RD JACKSONVILLE FL DV	ND DIRECTO	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  DTS SMITH, DONALD L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS	2900 HARTLEY RD	٠, ٠,		CITY-ST-ZIP			Change	☐ Addition
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TITLE  TITLE  NAME  NAME  STREET ADDRESS  STREET ADDRESS	TITLE NAME STREET ADDRESS	JACKSUNVILLE FL		☐ Delete	NAME STREET ADDRESS				
	TITLE NAME STREET ADDRESS				NAME STREET ADDRESS				

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