## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 18, 2000 8:00 am Secretary of State DOCUMENT # P9700006921 1. Entity Name STARFIRE CONCESSIONS, INC. 07-18-2000 90091 039 \*\*\*550.00 Principal Place of Business Mailing Address 85 43AD AVE 85 43W AVE 1479 SO US 1 2800-30TH-00 VERO BEACH EL STE A VERO BEACH VERO BEACH FL. 32960 **干L. ろよ960** 2. Principal Place of Business 3. Mailing Address SAMÉ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ERO City & State City & State Applied For 4. FEI Number 65-0824796 FLORIDA Not Applicable Zip32960 Zip Country \$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 Name KROSS, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 2461 W HILLSBORO BLVD **DEERFIELD BCH FL 33442** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 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 VILE PLOS DENT TYPE CHANGE AND ADDITIONS AND ADDI OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/00) TITLE TITLE Delete SAMMONS Dave SAMMONS, DAVID A NAME NAME 318 INDIAN TRACE PMB 401 3899-39TH-6Q STREET ADDRESS STREET ADDRESS WESTON, FL. 33329 CITY-ST-Z#P CITY-ST-ZIP VERO BEACH FL 32960 PRESIDENT Change Addition ☐ Delete TITLE TITLE HODRESS BRUCE SIMMETT SIMNETT, BRUCE NAME NAME 3940 8 T LANE STREET ADDRESS 38<del>09-39TH-SQ</del> STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32960 VERO BEACH FL. ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THTE E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SCALID LINE OURBRICE SIMNETT

7-5-00

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Daytime Phone #