2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90122 004 ***158.75

DOCUMENT # P97000095257

1. Entity Name

SEA STAR LINE AGENCY, INC.

Principal Place of Business	Mailing Address
9485 REGENCY SQ. BLVD. STE. 400 JACKSONVILLE FL 32225	9485 REGENCY SQ. BLVD. STE. 400 JACKSONVILLE FL 32216-9215

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 BELL TEL WAY	100 BELL TEL WAY
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

4. FEI Number 65-0799243 ☐ Applied For ☐ Not Applicable

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
ROBINSON, WESLEY M ESQ. 501 BRICKELL KEY DRIVE SUITE 504 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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	D SHEA, MICHAEL D 9485 REGENCY SQ. BLVD., STE. 400 JACKSONVILLE FL 32225	☐ Delete	O 100 BELL TEL WAY, SUITE 300 JACKSONVILLE, FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	O LEETCH, ROBERT 100 BELL TEL WAY, SUITE 300 JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	O BROWN, THOMAS W 100 BELL TEL WAY, SUITE 300 JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	O BATES, PHILIP V 100 BELL TEL WAY, SUITE 300 JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	O RODRIGUEZ, ANTONIO 100 BELL TEL WAY, SUITE 300 JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: SIGNATURE REQUIRED 1/13/00 904-855-1260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)