## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000095893 STARR FINANCIAL HOLDINGS, INC. Mailing Address Principal Place of Business 535 CENTRAL AVENUE CENTRAL AVENUE ST. PETERSBURG FL 33701-3703 ST. PETERSBURG FL 33701 Principal Place of Business 3 Mailing Address

## FILED Apr 28, 2000 8:00 am Secretary of State

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·	Suite, Apt. #, etc.  City & State  Zip Country			DO NOT WRITE IN THIS SPACE			
#, etc.							
9			4.	4. FEI Number 59-3541681		oplied For of Applicable	
Country			try 5. Certificate of Status Desired		\$8.75 Additional		
6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Register	ed Agent		
			Name				
STARR, MICHAEL D 535 CENTRAL AVENUE ST. PETERSBURG FL 33701		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
<u></u>			·	<u> </u>	Zip Cod	e	
named entity submits this statement for the	he purpose of changing its	registered office or	registered ag		<del></del>	<u></u>	
			_				
Signature, typed or printed name of registered agent and	title if applicable. (NO	E: Registered Agent signatu	re required when re	einstating) DA	E		
Tax filing requirement and elects to do so After MAY 1, 2000 Fee		000 Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
OFFICERS AND DI	RECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
D STARR, MICHAEL D 535 CENTRAL AVENUE ST. PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	Country  6. Name and Address of Current Records, MICHAEL D DENTRAL AVENUE DETERSBURG FL 33701  Inamed entity submits this statement for the signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so. In a contract of the statement of the statement and elects to do so. In a contract of the statement and elects to do so. In a contract of the statement and elects to do so. In a contract of the statement of	City & State  Country  City & State  City & St	Country  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  Street Agent  City  City  City  named entity submits this statement for the purpose of changing its registered office or countries entitle to satisfy its Intangible equirement and elects to do so. is on back)  OFFICERS AND DIRECTORS  D STARR, MICHAEL D  STARR, MICHAE	Country  Zip  Country  Zip  Country  5.  6. Name and Address of Current Registered Agent  R, MICHAEL D  CRITICAL AVENUE  PETERSBURG FL 33701  City  Inamed entity submits this statement for the purpose of changing its registered office or registered agent and title 4 applicable.  Signature, typed or printed name of registered agent and title 4 applicable.  Signature, typed or printed name of registered agent and title 4 applicable.  Signature, typed or printed name of registered agent and title 4 applicable.  Signature, typed or printed name of registered agent and title 4 applicable.  Signature, typed or printed name of registered agent and title 4 applicable.  Signature, typed or printed name of registered agent and title 4 applicable.  FILE NOW!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME	Country Zip Country 5. Certificate of Status Desired    6. Name and Address of Current Registered Agent 7. Name and Address of New Register    7. Name and Address of New Register    8. Name    8. Name    8. Name    8. Name    8. Name    8. Name    8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. City F  8. In the Name    8. Street Address (P.O. Box Number is Not Acceptable)  8. City F  8. In the Name    8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  9. Divide the street agent agent and street agent and street agent agent address agent and street agent	Country Zip Country S. Certificate of Status Desired S8.75 And Research  Country Zip Country S. Certificate of Status Desired S8.75 And Fee Require  6. Name and Address of Current Registered Agent R. MiCHAEL D  CENTRAL AVENUE  FIL Zip Cod  City FL Zip Cod  City FL Zip Cod  City FL Zip Cod  After MAY 1, 2000 Fee will be \$55.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  STRET ADDRESS  CITY-S1-3P  Delete  TITE  NAME SIRET ADDRESS  CITY-S1-3P  Delete  TITE NAME SIRET ADDRESS  CITY-S1-3P  Delete TITE NAME SIRET ADDRESS  CITY-S1-3P  DELET TITE NAME SIRET ADDRESS  CITY-S1-3	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR