

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90015 012 ***150.00

004154 AV

DOCUMENT # P98000095893

1. Entity Name

STARR FINANCIAL HOLDINGS, INC.

Principal Place of Business

**535 CENTRAL AVENUE
 ST. PETERSBURG FL 33701**

Mailing Address

**535 CENTRAL AVENUE
 ST. PETERSBURG FL 33701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

146 2ND ST N

3. Mailing Address

SAME

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

ST. PETERSBURG

City & State

ST. PETERSBURG

Zip

FL

Country

FLORIDA

Zip

33701

Country

FLORIDA

4. FEI Number

59-3541681

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STARR, MICHAEL D
 535 CENTRAL AVENUE
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

STARR, MICHAEL D

Street Address (P.O. Box Number is Not Acceptable)

146 2ND ST. N

#310

City

ST. PETERSBURG

FL

Zip Code

33701

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)

4/4/02

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, 2002 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

TITLE **MR.** ☐ Delete
 NAME **STARR, MICHAEL D**
 STREET ADDRESS **535 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **STARR, MICHAEL D**
 STREET ADDRESS **146 2ND ST. N #310**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

STARR, MICHAEL D
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

222 855 2227
 Date Daytime Phone #

CR2E034 (9/01)