## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P98000106227** May 16, 2000 8:00 am Secretary of State LONE STARFISH DESIGNS, INC. 05-16-2000 90137 017 \*\*\*150.00 Mailing Address Principal Place of Business 667 W. 23RD STREET 667 W. 23RD STREET PANAMA CITY FL 32405-3922 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3548055 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DECUBELLIS, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 255 SOUTH ORANGE AVENUE SUITE 801 ORLANDO FL 32801 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition **PTS** ☐ Delete TITLE J. MICHAEL BROWN NAME NAME STREET ADDRESS STREET ADDRESS 210 S. GLADES TRAIL CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 Change ☐ Addition Delete TITLE TITLE BROWN, REBECCA H NAME STREET ADDRESS STREET ADDRESS 210 S. GLADES TRAIL CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32407 Addition Change -7171.5 ---Delete TITLE~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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

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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