2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041260

Entity Name

Stardancer Florida Corp.

FILED

00 SEP 25 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1180 Highway 17 Little River, SC 29566	1180 Highway 17 Little River, SC 29566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1107152 — [X] 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
Marion Hale, Esquire 911 Chestnut Street Clearwater, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD Samuel A. Gray, Sr. 1180 Highway 17 Little River, SC 29566 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition 600003417765--1 -10/06/00--01129--020 ****558.75 ****558.75
STD Marilyn Gray 1180 Highway 17 Little Rock, SC 29566 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
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[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition **SP**

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: _____ Sept. 20, 2000 843-222-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #