

# 2001. UNIFORM BUSINESS REPORT (UBR)

061643

DOCUMENT # P99000044833

1. Entity Name  
**STARTECH PRODUCTIONS INC.**

FILED

03 APR -4 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3209 S LAKEVIEW CIR #206  
FT PIERCE FL 34949**

Mailing Address  
**3209 S LAKEVIEW CIR #206  
FT PIERCE FL 34949**

2. Principal Place of Business

**525 GULL WING DR. 525 GULL WING DR.**

3. Mailing Address

**525 GULL WING DR.**

City & State

**VERO BEACH, FL.**

City & State

**VERO BEACH, FL.**

Zip

**32968**

Country

**US**

Zip

**32968**

Country

**US**

4. FEI Number **65-0921478**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHUMLEY, THEM  
3209 S LAKEVIEW CIR #206  
FT PIERCE FL 34949**

7. Name and Address of New Registered Agent

Name **CHUMLEY, THEM**  
Street Address (P.O. Box Number is Not Acceptable)  
**525 GULL WING DR**

City **VERO BEACH** FL **32968**

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 *Thi Chumley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/10/01**

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, 2001 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 **P** ☐ Delete  
NAME **CHUMLEY, THEM**  
STREET ADDRESS **3209 S LAKEVIEW CIR #206**  
CITY-ST-ZIP **PORT PIERCE FL 34949** **(ABOVE)**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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  
STREET ADDRESS **100015321411**  
CITY-ST-ZIP **04/04/03--01060--019 \*\*1060.00**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Thi Chumley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/10/02 772-971-5695**  
Date Daytime Phone #

CR2E034 (10/00)