

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90637 037 \*\*\*150.00

0506370 AV

**DOCUMENT # P99000080552**

**1. Entity Name**  
**STARFISH BAY CATERING, INC.**

**Principal Place of Business**  
 26751 OLD US 41 RD.  
 #5  
 BONITA SPRINGS FL 34135

**Mailing Address**  
 26780 ST. THOMAS DRIVE  
 BONITA SPRINGS FL 34135



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 26751 OLD US 41 RD.  
 Suite, Apt. #, etc. #5

**3. Mailing Address**  
 26780 ST. THOMAS DRIVE  
 Suite, Apt. #, etc. #5

**City & State**  
 Bonita Springs FL

**City & State**  
 Bonita Springs FL

**4. FEI Number** 59-3596218

**Applied For**  
☐ Not Applicable

**Zip** 34135 **Country** Lee

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**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**

**CHASTAIN, ROGER E**  
~~26780 ST. THOMAS DRIVE~~  
~~BONITA SPRINGS FL 34135~~

**Name**

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

**City**

**FL**

**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.**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE** 3-21-02

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ Delete  
**NAME** CHASTAIN, ROGER  
**STREET ADDRESS** 26780 ST. THOMAS DR.  
**CITY-ST-ZIP** BONITA SPRINGS FL 34135

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**DATE** 3-21-02 **DAYTIME PHONE #** 239-448-5933

CR2E034 (9/01)