

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90111 010 \*\*\*150.00

**DOCUMENT # P99000089564**

1. Entity Name

**FISHING VESSEL STARCHASER, INC.**

Principal Place of Business

**101 CANAL DRIVE  
PORT ST. JOE FL 32456**

Mailing Address

**101 CANAL DRIVE  
PORT ST. JOE FL 32456**

2. Principal Place of Business

**2830 E. 1st Court**

3. Mailing Address

**2830 E. 1st Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Panama City FL**

City &amp; State

**Panama City**

4. FEI Number

**59-3600717**

Applied For

Not Applicable

Zip

Country

**32401****Bay**

Zip

Country

**32401****Bay**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

**STOPKA, ALBERT J  
108 MOSLEY DRIVE  
LYNN HAVEN FL 32444**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWTON, ROGER</b>	NAME	<b>Roger Newton</b>
STREET ADDRESS	<b>587 PLANTATION DR</b>	STREET ADDRESS	<b>2830 E. 1st Court</b>
CITY-ST-ZIP	<b>PORT SAINT JOE FL 32456</b>	CITY-ST-ZIP	<b>Panama City FL. 32401</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWTON, JASON</b>	NAME	<b>Jason Newton</b>
STREET ADDRESS	<b>587 PLANTATION DR</b>	STREET ADDRESS	<b>2830 E. 1st Court</b>
CITY-ST-ZIP	<b>PORT SAINT JOE FL 32456</b>	CITY-ST-ZIP	<b>Panama City FL. 32401</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWTON, ERICA</b>	NAME	<b>Erikka Newton</b>
STREET ADDRESS	<b>587 PLANTATION DR</b>	STREET ADDRESS	<b>2830 E. 1st Court</b>
CITY-ST-ZIP	<b>PORT SAINT JOE FL 32456</b>	CITY-ST-ZIP	<b>Panama City FL. 32401</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWTON, ROGER</b>	NAME	<b>Roger Newton</b>
STREET ADDRESS	<b>587 PLANTATION DR</b>	STREET ADDRESS	<b>2830 E. 1st Court</b>
CITY-ST-ZIP	<b>PORT SAINT JOE FL 32456</b>	CITY-ST-ZIP	<b>Panama City FL. 32401</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-25-01****850-877-6279**

CR2E034 (10/00)