2003 FOR PROFIT CORPORATION

DOCUMENT#

P99000089564

UNIFORM BUSINESS REPORT (UBR)

1/2

FILED Feb 11, 2003 8:00 am Secretary of State

01-27-2003 90521 020 ***150.00

1. Entity Name FISHING VESSEL STARCHASER, INC.												
Principal Place of Business 2830 E 1ST COURT PANAMA CITY FL 32401			Mailing Address 2830 E 1ST COURT PANAMA CITY FL 32401									
2. Principal P	lace of Busi	ness	3. Mailing Address				1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 59-3600717 Applied F			plied For t Applicable	
Zip Country			Zip Co		Coun	ountry		Certificate of Status Desired		8.75 Add ee Required		
	6. Nam	and Address of Curren	Registered Agent				7.	Name and Address of New Re	gistered A	gent		
	ALBERT J	- 	و المصنيعي بنه المرتب ساحية	Name Street Address			Box Number is Not Acceptable)	Barbar ara				
	VEN FL 32							•				
			1			City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	3	
8. The above the obligations of the street s	tions of regis	submits this statement flered agent	/			ed office or regist		gent, or both, in the State of Flori		amiliar with,	and accept	
After Make Checi	ILE NOW! r May 1, 20	II FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of OFFICERS AND	of State		111.			9. Election Campaign Fina Trust Fund Contribution. DDITIONS/CHANGES TO OFFICE	. [Added	O May Be to Fees	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DIRECTO	☐ Delete	TITL NAM STRI					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, JASON ST COURT CITY FL 32401		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWTON 2830 E 1	, ERIKKA ST COURT CITY FL 32401		☐ Delete		i i				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWTON 2830 E 1			Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Celete		l l				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Celete						Change	Addition	
12. I hereby a indicated of the cor	certify that the	ne information supplied without or supplemental report	n this filing is true and	does not qualify for accurate and that n execute this report	r the exe ny signa as requi	mption stated in ture shall have the	Section e same 07, Flori	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa ida Statutes; and that my name	urther cert ith; that I a appears in	ify that the in in an officer Block 10 or	ntormation or director Block 11 if	

changed, or on an attachment with an address, with all other

SIGNATURE:

850 8726279