

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100378

1. Entity Name
THE LUCKY STAR LINE, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90057 014 ***150.00

Principal Place of Business

Mailing Address

841 GRAND HARBOUR
DESTIN FL 32541

841 GRAND HARBOUR
DESTIN FL 32541

2. Principal Place of Business
160 Cove Dr.

3. Mailing Address
160 Cove Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Destin, FL 32550

City & State
Destin, FL 32550

4. FEI Number 59-3616319

Applied For
Not Applicable

Zip Country

Zip Country

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

ANCHORS, C. LEDON
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

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 Dawn B. McClellan Vice-President 3-16-01

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

TITLE ☐ Delete
NAME D MCCLELLAN, MICHAEL
STREET ADDRESS 841 GRAND HARBOUR 160 Cove Dr.
CITY-ST-ZIP DESTIN FL 32541 Destin, FL 32550

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

TITLE ☐ Delete
NAME D MCCLELLAN, DAWN B
STREET ADDRESS 841 GRAND HARBOUR 160 Cove Dr.
CITY-ST-ZIP DESTIN FL 32541 Destin, FL 32550

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Dawn B. McClellan Dawn B. McClellan 3-15-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)