

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90005 019 ***150.00

DOCUMENT # V31812

1. Entity Name
FIVE STAR MARINE, INC.

Principal Place of Business
3101 N FEDERAL HWY.
POMPANO BCH. FL 33064

Mailing Address
3101 N FEDERAL HWY.
POMPANO BCH. FL 33064

2. Principal Place of Business
FIVE STAR MARINE
 Suite, Apt. #, etc.

3. Mailing Address
3260 N. Federal Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Lighthouse PT, FL
 Zip
33064

City & State
Lighthouse PT, FL
 Zip
33064

4. FEI Number
65-0328007

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROGERS, JOSEPH F.
3101 N FEDERAL HWY.
POMPANO BCH. FL 33064

7. Name and Address of New Registered Agent

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

(NOTE: Registered agent signature required when reinstating)

8-16-01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PS** ☐ Delete
 NAME **ROGERS, JOSEPH F.**
 STREET ADDRESS **3260 P. FEDERAL HWY**
 CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE **VP** ☐ Delete
 NAME **ROGERS, AMANDA,**
 STREET ADDRESS **3260 N FEDERAL HWY**
 CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Joseph F. Rogers **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-01 (84) 783-6963

Date

Daytime Phone #

CR2E034 (5/01)

0028316 AV