

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0537784

05-14-2001 90039 030 ***150.00

DOCUMENT # V61290

1. Entity Name
STARBOARD YACHT BROKERAGE, INC.

Principal Place of Business Mailing Address
911 TAYLOR RD **P.O. BOX 512522**
PUNTA GORDA FL 33950 **PUNTA GORDA FL 33950**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
25096 Marion Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Punta Gorda, FL

Zip Country Zip Country
33950

4. FEI Number Applied For
65-0353873 Not Applicable

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

6. Name and Address of Current Registered Agent
POSTLE, GREG
338 CAICOS DR
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent
 Name
Postle, Greg
 Street Address (P.O. Box Number is Not Acceptable)
25096 Marion Ave
 City State Zip Code
Punta Gorda FL 33950

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	D <input type="checkbox"/> Delete
NAME	POSTLE, GREG
STREET ADDRESS	338 CAICOS DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	POSTLE, SUSAN
STREET ADDRESS	338 CAICOS DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Greg Postle, Pres.* Date: 4-27-01 Daytime Phone #: 941-637-7788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)