2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

FILED Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # 439129** 1. Entity Name VINOY CHARTERS AND SAILING SCHOOL, INC. 02-05-2000 90024 015 ***150.00 Principal Place of Business Mailing Address 1421 BAY STREET S.E. 1421 BAY STREET S.E. ST. PETERSBURG FL 33701-5617 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1545367 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HELSEN (JOHANNES J.) Street Address (P.O. Box Number is Not Acceptable) 2600 DRIFTWOOD RD SE ST. PETERSBURG FL 33705 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Additior TITLE Delete TITLE HELSEN, JOHANNES J. NAME STREET ADDRESS STREET ADDRESS 1421 BAY STREET SE. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL ☐ Change ☐ Addition ☐ Delete TITLE HELSEN, SANDRA R. NAME NAME STREET ADDRESS 1421 BAY STREET S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Change Addition TITLE D'Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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