

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90003 044 ***150.00

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DOCUMENT # P00000013132

1. Entity Name
VIRTUAL CRUISE LINE, INC.

LA

Principal Place of Business
5030 CHAMPION BLVD G6#256
BOCA RATON FL 33496

Mailing Address
5030 CHAMPION BLVD G6#256
BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

City & State

4. FEI Number
65-0977308

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

ATLAS, LYNN
7724 STIRLING BRIDGE BLVD N
DELRAY BEACH FL 33446

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 *[Signature]* DATE *[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. (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 NAME STREET ADDRESS CITY-ST-ZIP	PD ATLAS, LYNN 7724 STIRLING BRIDGE BLVD NORTH DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *7/2/01* Daytime Phone # *561-967-2228*

CR2E034 (5/01)

ATTACHMENT
A0077507

Virtual Cruise Line Inc.
5030 Champion Blvd.
66 #256
Boca Raton, FL 33496

P000000013132

July 7, 2001

Florida Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

ATTN: Katherine Harris
Secretary of State

Dear Ms. Harris:

I just received the enclosed form in the mail to complete. I immediately called my accountant as I was scared about penalties and that there was a possibility of my corporation being dissolved.

I have never been informed of this \$150.00 due the State of Florida. I started this corporation about a year ago and was never advised by anyone of the fee to pay the State once a year. Not my accountant, my attorney, nor the State of Florida.

I am now submitting my check to you for \$150.00 Please accept this in full payment of the fee for the Uniform Business Report Filings.

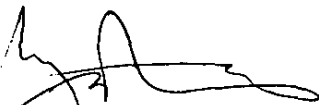
ATTACHMENT
A007657

Now that I know this fee is due once a year, I shall be sure it is paid in a timely fashion. In addition, please note, I never received any mailing regarding this fee.

Thank you for your attention and acceptance in this matter.

Sincerely,

P00000013132



Lynn Atlas
Virtual Cruise Line Inc.