APR. 14. 2003 4:02PM c/s EMMETT COBB & WAITS

FILED
Apr 17, 2003 8:00 am
Secretary of State

02-28-2003 90132 040 ***150.00

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[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836014

1. Entity Name
WINDJAMMER BAREFOOT CRUISES LIMITED

Principal Place of Business
1759 BAY ROAD
MIAMI BEACH FL 33139

Mailing Address
1759 BAY ROAD
MIAMI BEACH FL 33139

2. Principal Place of Business | 3. Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

City & State | City & State | 4. FEI Number 59-1695061 | 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
KELLER, JOHN
200 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name James Cobb
Street Address (P.O. Box Number is not Acceptable)
c/o Windjammer Cruises
1759 Bay Road
City MIAMI Beach FL Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James A. Cobb, Jr.
Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when submitting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	☐ Delete
PIGNA, SUSAN BURKE	
1821 24TH ST	
MIAMI BEACH FL	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E031 (10/02)

12. 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 member or manager authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without alteration, with an officer title assigned.

SIGNATURE: SIGNATURE REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director

1/17/03 305 672 6455
Date Daytime Phone