FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 25, 2001 8:00 am F67293 DOCUMENT # Secretary of State 1. Entity Name SCHOONER FENICIO, INC. 07-25-2001 90003 018 ***558.75 Principal Place of Business Mailing Address 39 MAGNOLIA AVENUE 39 MAGNOLIA AVENUE ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2163341 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required -> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRY, HAROLD, JR Street Address (P.O. Box Number is Not Acceptable) 39 MAGNOLIA AVENUE ST AUGUSTINE FL 32084 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENDRY, HAROLD, JR. NAME NAME 39 MAGONLIA AVE STREET ADDRESS STREET ADDRESS ST AUGUSTINE, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 giner like empowered.

TITLE

NAME

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REJAKSIDANT 7-19-01

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Date

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LAWRENCE E. DOLAN, P.

ATTORNEY AT LAW

500 EAST JACKSON STREET ORLANDO, FLORIDA 32801

LAWRENCE E. DOLAN

407-841-7300 FAX 407-841-7304

July 20, 2001

Florida Secretary of State Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

> Re: Schooner Fenicio Document No. F67293

Gentlemen:

Please find enclosed under cover of this letter the 2001 Uniform Business Report being filed on behalf of the above corporation.

It is our understanding with the filing of this report along with the fee of \$550.00, the corporation will be reinstated.

In this regard there has been added to the fee \$8.75 with a request that a Certificate of Status be returned to the undersigned and a check in the total amount of \$558.75 is enclosed. For your convenience I am enclosing a stamped, self-addressed envelope.

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Very truly yours,

LAWRENCE E. DOLAN, P.A.

LAWRENCE E. DOLAN

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Enclosures

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cc: Mr. Harold Hendry, Jr. Arthur Baron, Esquire

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