

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91134 020 ***150.00

DOCUMENT # F99000003430

1. Entity Name

HISTORIC SHIPS OF AMERICA INC.

Principal Place of Business

201 FRONT STREET, SUITE 110
KEY WEST FL 33040

Mailing Address

201 FRONT STREET, SUITE 110
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCALES, EDWIN A ESQUIRE
HISTORIC TOURS OF AMERICA, INC.
201 FRONT STREET - SUITE 110
KEY WEST FL 33040

Name

EDWIN O. SWIFT III

Street Address (P.O. Box Number is Not Acceptable)

201 FRONT STREET SUITE 224

City

KEY WEST

FL

Zip Code

33040

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Edwin O. Swift III

4/23/01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
SWIFT, EDWIN O
201 FRONT STREET, SUITE 226
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VVC
MOSHER, GERALD
201 FRONT STREET, SUITE 310
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BELLAND, CHRISTOPHER C
201 FRONT STREET, SUITE 226
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edwin O. Swift III 4/23/01

305-296-3609

CR2E034 (10/00)