

FILED
Jan 14, 2003 8:00 am
Secretary of State

DOCUMENT # H92065

FERO SAILING YACHT CHARTERS, INC.



Mailing Address
1910 MANATEE AVE WEST
BRADENTON IL 34205
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number **52-1437847**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KALLINS, SCOTT B.
1910 MANATEE AVE W
BRADENTON FL 34205

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

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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
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OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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☐ Change ☐ Addition

CR2E034 (10/02)

[illegible]

11.					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE					
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS					
CITY - ST - ZIP					
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CITY - ST - ZIP					
TITLE					
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS					
CITY - ST - ZIP					

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 receiver or trustee empowered 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 with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Davidson Rhoads