2000 UNIFORM BUSINESS REPORT (UBR)

DOC	JMENT	# 、	J61	191	1

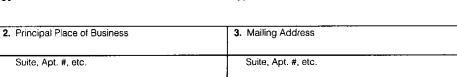
1. Entity Name

SHIP 'N' SHORE CRUISES, INC.

Principal P	lace of	Business
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Mailing Address

1160 MCCALL RD ENGLEWOOD FL 34224 1160 MCCALL RD ENGLEWOOD FL 34223-4230





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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number 59-2787297	Applied For Not Applicable		
Zip 34223	Country	Zip Country		try			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
STUTZMAN, NATALEE J. 1160 MCCALL RD ENGLEWOOD EL 34223			Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					

Plantation

Zip Code 33324

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

VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criter	ia on back)	Make Check Payable	to Department	of State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
11.	OFFICERS AND D	IRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD STUTZMAN, NATALEE J. 1380 BEACH RD., UNIT 3 ENGLEWOOD FL	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas 1160 Me	sident, Director C. Hosea cCall Road ood, FL 34223	☐ Change	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Philip 1160 Mo	irector C. Stutzman cCall Road ood, FL 34223	☐ Change	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1160 M	or A. Dustin cCall Road ood, FL 34223	☐ Change	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pr Patricl 220 Con	resident k Doyle ngress Park Drive Beach, FL 33445	☐ Change	XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assista Suzanna 220 Con	ant Secretary e B. Bell ngress Park Drive	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Beach FL 33445 -05/03/00 ****150.0		off 50.00	

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:

SUBALLA SUZANNE DE SIGNING OFFICER OR DIRECTOR

Suzanne B. Bell

4/26/00

561-266-0860

Daytime Phone #