

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J61911**1. Entity Name  
SHIP 'N' SHORE CRUISES, INC.Principal Place of Business  
1160 MCCALL RD  
ENGLEWOOD FL 34224 USMailing Address  
1160 MCCALL RD  
ENGLEWOOD FL 34224 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2787297

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROADPLANTATION  
33324 US

FL

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

DATE

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 AS ☐ Delete  
NAME BELL SUZANNE B  
STREET ADDRESS 220 CONGRESS PARK DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE VP ☒ Change ☐ Addition  
NAME KLOTZ IRWIN (DOC)  
STREET ADDRESS 220 CONGRESS PARK DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE V ☐ Delete  
NAME DOYLE PATRICK  
STREET ADDRESS 220 CONGRESS PARK DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE DVAS ☒ Change ☐ Addition  
NAME DOYLE PATRICK  
STREET ADDRESS 220 CONGRESS PARK DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE D ☐ Delete  
NAME DUSTIN LARRY A  
STREET ADDRESS 1160 MCCALL RD  
CITY-ST-ZIP ENGLEWOOD FL 34224TITLE DVP ☒ Change ☐ Addition  
NAME BLOODWORTH JOHN M  
STREET ADDRESS 220 CONGRESS PARK DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE CEO ☐ Delete  
NAME STUTZMAN PHILIP C  
STREET ADDRESS 1160 MCCALL RD  
CITY-ST-ZIP ENGLEWOOD FL 34224TITLE VPAS ☒ Change ☐ Addition  
NAME DEL PINO GEORGE  
STREET ADDRESS 220 CONGRESS PARK DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445TITLE CPD ☐ Delete  
NAME HOSEA THOMAS C  
STREET ADDRESS 1160 MCCALL ROAD  
CITY-ST-ZIP ENGLEWOOD FLTITLE P ☒ Change ☐ Addition  
NAME COFFEY ROBERT  
STREET ADDRESS 1160 MCCALL ROAD  
CITY-ST-ZIP ENGLEWOOD FL 34223TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: PATRICK DOYLE, VICE PRESIDENT**

DVAS

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)