

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-16-2001 90003 001 ***550.00

DOCUMENT # J82923

1. Entity Name
BONE VOYAGE, INC.

Principal Place of Business
**PEN KEY
 P.O. BOX 189
 ISLAMORADA FL 33036
 US**

Mailing Address
**P.O. BOX 189
 ISLAMORADA FL 33036
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2820210**

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

10412



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAKER, SUZAN
 PEN KEY CLUB
 P O BOX 189
 ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
82994 Overseas Hwy, Pen Key Club

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]* DATE *7/4/01*

Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D BAKER, LEE W. PEN KEY, P O BOX 189 ISLAMORADA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>82994 Overseas Hwy</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SUZAN PEN KEY, P O BOX 189 ISLAMORADA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>82994 Overseas Hwy</i>
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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: *[Signature]* DATE *7/4/01* Daytime Phone # *305-664-2080*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)