2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-16-2001 90003 001 ***550.00

10412

DO NOT WRITE IN THIS SPACE

DOCUMENT # J82923

1. Entity Name
BONE VOYAGE, INC.

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

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 59-2820210 — 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
BAKER, SUZAN PEN KEY CLUB → 82994 Overseas Hwy P O BOX 189 ~~NA~~ ISLAMORADA FL 33036	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. (See criteria on back) ☐

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 ~~NA~~ ISLAMORADA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	82994 o/s Hwy ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SUZAN PEN KEY, P O BOX 189 ~~NA~~ ISLAMORADA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	82994 o/s Hwy ☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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 REQUIRED~~ [signature] SUZAN BAKER — 7/4/01 — 305-664-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)