

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Jun 05, 2000 8:00 am
Secretary of State

04-11-2000 90041 031 ***150.00

DOCUMENT # K05227

1. Entity Name

J. P. BOAT CRUISES, INC.

Principal Place of Business

~~200 UPPER LAKEVIEW DR~~

~~J. DOCK~~
~~PALM BEACH FL 33476~~
~~FL 33476~~

Mailing Address

PO BOX ~~1434~~
~~WALTON BEACH FL 32909~~
~~15 CAPE CANAVERAL~~
FL 32920

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 **65-0024913**

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

PLEDGER, JAMES I., SR.

~~P.O. BOX 1101~~

~~MORE HAVEN FL 33471~~

8115 CAPE CANAVERAL BLVD
CAPE CANAVERAL FL 32920

Name **PLEDGER JAMES I SR**

Street Address (P.O. Box Number is Not Acceptable)

8115 CAPE CANAVERAL BLVD

~~P.O. BOX 1101~~

City **CAPE CANAVERAL FL**

Zip Code **32920**

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)

DATE

APRIL 4, 2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	PLEDGER, JAMES I., SR.	
STREET ADDRESS	200 UPPER LAKEVIEW DR	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	8115 CAPE CANAVERAL BLVD	<input type="checkbox"/> Delete
NAME	CAPE CANAVERAL FL	
STREET ADDRESS	32920	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4, 2000

Date

Daytime Phone #

CR2E034 (9/99)