

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

J.P. BOAT CRUISES INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 AM 11:30

Principal Place of Business

Mailing Address

P.O. Box 1434
CAPE CANAVERAL FL.
32920

2. Principal Place of Business

CAPE CANAVERAL

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1434

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CANAVERAL FL.

City & State

CAPE CANAVERAL ID#

4. FEI Number

65-0024913

Applied For

Not Applicable

Zip

Country

32920

BREVARD

Zip

Country

32920

BREVARD

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

NOTE: ALL PAPER WORK SANK ON
A PIECE OF FLOATING EQUIPMENT,
NEED NEW BOOK ON CORPORATION
PLEASE ADVISE COST. (INC. 01-02-88)

Name

CURRENT AGENT JAMES I PLEDGER

Street Address (Post Box Number is Not Acceptable)

8115 CANAVERAL BLVD

P.O. Box 1434

CAPE CANAVERAL FL.

City

FL

Zip Code

8. The above named entity certifies the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *J. Pledger* PRESIDENT

DATE FL 4/19/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JAMES I PLEDGER SR
8115 CANAVERAL BLVD
CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: *James I Pledger* 4-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

AD