FILED

☐ Change

888-267-0177

☐ Addition

2002 UNIFORM BUSINESS REPORT (UBR)

K47166

DOCUMENT#

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Aug 11, 2002 8:00 am Secretary of State 08-11-2002 90164 015 ***550.00 FERNANDINA CRUISE LINES, INC. Principal Place of Business Mailing Address 1731 REGATTA DR 318 SOUTH BONITA AMELIA ISLAND FL 32034 PANAMA CITY FL 32401 Malling Address 1731 Regatta Dnive 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2922199 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Sam Butler **BOOKOUT, JAMES** Street Address (P.O. Box Number is Not Acceptable) 318 SOUTH BONITA PANAMA CITY FL 32401 Reaatta Dnve 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. I am famili the obligations of registered agent. 8.6.07 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Addition (4/02)☐ Change BOOKOUT, JAMES-NAME NAME 318 S BONITA PANAMA CITY FL-32401 STREET ADDRESS STREET ADDRESS **CR2E034** CITY-ST-ZIP CITY-ST-ZIP VDST TITLE := ☐ Delete TITLE ☐ Addition BUTLER, SAM NAME NAME 1731 REGATTA DRIVE STREET ADDRESS STREET ADDRESS AMELIA ISLAND FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F Addition 115 Bay Berry circle NAME : NAME STREET ADDRESS STREET ADDRESS st. Simons Island, GA 31522 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete

TITLE

NAME

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 outh; 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.

STREET ADDRESS CITY-ST-ZIP

8.6.07