2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K53780 Sep 11, 2000 8:00 am 1. Entity Name Secretary of State CHARLOTTE HARBOR CRUISING, INC. 09-11-2000 90022 050 ***550.00 Mailing Address Principal Place of Business 250 BEENEY ROAD 250 BEENEY ROAD PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0086239 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . . . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNN, EDWARD J JR Street Address (P.O. Box Number is Not Acceptable) 250 BEENEY ROAD PORT CHARLOTTE FL 33952 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE **PSTD** ☐ Delete TITLE DUNN, EDWARD J. JR NAME NAME STREET ADDRESS STREET ADDRESS 250 BEENEY ROAD CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FI Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.