

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94869

1. Entity Name

SHIP & SHORE TRAVEL, INC.

Principal Place of Business

2338 LINWOOD DRIVE
SARASOTA FL 34232
USMailing Address 2338 LINWOOD DR
SARASOTA, FL
63 SARASOTA CENTER BLVD. SUITE 107 34232
SARASOTA FL 34240

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

SARASOTA, FLA.

34232

USA

4. FEI Number

65-0131449

Applied For
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSEN & DEHNER, P.A.
63 SARASOTA CENTER BLVD., STE. 107
SARASOTA FL 34240

7. Name and Address of New Registered Agent

ELDA L. MARTIN

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

2338 LINWOOD DR.

City

SARASOTA

FL

Zip Code

34232

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

Elda Martin ELDA L. MARTIN, Pres. 2-28-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

CR2E034 (9/01)

TITLE Delete
NAME MARTIN, ELDA L
STREET ADDRESS 2338 LINWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34232TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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:

Elda Martin ELDA L. MARTIN 2-28-02 941-318-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #