

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90248 013 ***150.00

DOCUMENT # K94869

1. Entity Name

SHIP & SHORE TRAVEL, INC.



Principal Place of Business

**2338 LINWOOD DRIVE
SARASOTA FL 34232
US**

Mailing Address

**2338 LINWOOD DRIVE
SARASOTA FL 34232
US**

90002238



2. Principal Place of Business

3. Mailing Address

2338 Linwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

Country

Zip

Country

34232 USA

☐ CHECK HERE IF MAKING CHANGES

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

**MARTIN, ELDA L
2338 LINWOOD DR
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name

ELDA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Elda Martin ELDA L. MARTIN, PRES 1/9/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
MARTIN, ELDA L
2338 LINWOOD DRIVE
SARASOTA FL 34232** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elda Martin ELDA L MARTIN 1/9/03 941-3780303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)