

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90065 033 *****50.00

DOCUMENT # L01000001319

1. Entity Name

AHOY CRUISES AND TOURS, L.L.C.



Principal Place of Business

**11728 MCCORMICK ROAD
JACKSONVILLE FL 32225**

Mailing Address

**11728 MCCORMICK ROAD
JACKSONVILLE FL 32225**

2. Principal Place of Business

620 MISTY MORNING CT.

Suite, Apt. #, etc.

3. Mailing Address

620 MISTY MORNING CT.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32218

Country

DUVAL

City & State

JACKSONVILLE FL

Zip

32218

Country

DUVAL

4. FEI Number **59-3692471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCOMBES, WILLIAM J
11728 MCCORMICK ROAD
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

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

620 MISTY MORNING CT.

City

JACKSONVILLE

FL

Zip Code

32218

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

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

(NOTE: Registered Agent signature required when reinstating)

1-27-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **MCCOMBES, WILLIAM J**
STREET ADDRESS **11728 MCCORMICK RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **620 MISTY MORNING CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *W. McCombes* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-27-03

CR2E083 (10/02)