*Amended*

# 2002 UNIFORM BUSINESS REPORT (UBR)

09-13-2002.90089 034 ****50.00

FILED

02 DEC 26 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000137

DOCUMENT # L01000009597

1. Entity Name

TROLLEY BOATS AMPHIBIOUS TOURS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 682 SOUTH YOUNG ST.<br>DAYTONA BEACH FL 32174 | 682 SOUTH YOUNG ST.<br>DAYTONA BEACH FL 32174 |

DO NOT WRITE IN THIS SPACE

MJM

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 406 Walker St. | 406 Walker St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Holly Hill, Fl. | City & State: Holly Hill, FL. |
| Zip: 32117 Country: USA | Zip: 32117 Country: USA |

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| REDMAN, DONALD R<br>682 SOUTH YOUNG ST.<br>DAYTONA BEACH FL 32174 | Name: Donald R. Redman<br>Street Address (P.O. Box Number is Not Acceptable): ~~406 Walker St.~~ 528 S. Beach St.<br>City: ~~Holly Hill~~ Ormond Beach FL Zip Code: ~~32117~~ 32174 |

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: Donald R. Redman — Donald R. Redman — 9/9/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By September 25, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>~~General Mgr.~~ Mom Moss<br>1472 Craig G.<br>Port Orange, Fl. 32129 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>~~Admin. Mgr~~<br>Gwendolyn Redman<br>528 S. Beach St.<br>Ormond Bch. Fl. 32174 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>~~Production Mgr.~~<br>Paul Labinsky<br>37 Gibbside<br>Palm Coast, Fl. 32135-0741 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☑ Addition<br>Admin Mgr.<br>Gwendolyn Redman<br>528 S. Beach St.<br>Ormond Beach, Fl. 32174 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E083 (4/02)

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:** Gwendolyn Redman — 9/9/02 — (386) 238-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FILED