

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90024 007 \*\*\*\*50.00

**DOCUMENT # L01000019148**

1. Entity Name

**CRUISE NOW, LLC**



Principal Place of Business

**3067 S. PENINSULA DRIVE  
DAYTONA BEACH FL 32118**

Mailing Address

**3067 S. PENINSULA DRIVE  
DAYTONA BEACH FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3755140**

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

**FRIEBIS, DANIEL S**

**3890 TURTLE CREEK DRIVE - SUITE B-1  
PORT ORANGE FL 32127**

Name

**ANNA M. Pfeiffer**

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

**3067 S. Peninsula Dr.**

City

**Daytona Beach**

**FL**

Zip Code

**32118**

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

*Anna M. Pfeiffer*  
Signature, typed or printed name of registered agent and title, applicable

**ANNA M. Pfeiffer, President**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PFEIFFER, ANNA  
3067 S. PENINSULA DRIVE  
DAYTONA BEACH FL 32118** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Anna M. Pfeiffer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-15-03**

**386-788-3877**

Date

Daytime Phone #

CR2E083 (10/02)