

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

FILED

03 DEC -8 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L30457

1. Entity Name

CRUISE AMERICA LINE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
23 ISLA BAHIA DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE, FL

City & State

4. FEI Number 65-0207448

Applied For

Not Applicable

Zip
33316

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT F. LAMBERT

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

23 ISLA BAHIA DRIVE

City FORT LAUDERDALE

FL

Zip Code
33316

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
ROBERT F. LAMBERT
23 ISLA BAHIA DRIVE, FORT LAUD., FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200025329582
12/03/03-01083-007 \$150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ROBERT F. LAMBERT
23 ISLA BAHIA DRIVE, FORT LAUD., FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROBERT F. LAMBERT
23 ISLA BAHIA DRIVE, FORT LAUD., FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-26-03 954-524
6198

CR2E034B (12/02)

Passariello & Staiano

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

November 26, 2003

Uniform Business Report
Division of Corporations
P.O. 1500
Tallahassee, Fl. 32302-1500

RE: Taxpayer's Name: Cruise America Line, Inc.
Document Number: L30457
Tax Form: Uniform Business Report
Tax Period: 2003

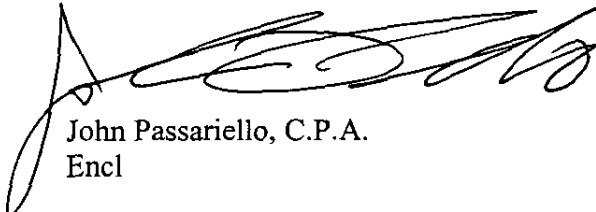
Gentlemen:

We are writing as the accountants for the above referenced client.

Enclosed please find the 2003 Uniform Business Report for the above referenced taxpayer with a check in the amount of \$150.00. The taxpayer had not received the original Uniform Business Report, which was due and payable May 1, 2003. Please accept their fee in the amount of \$ 150.00 as they had always filed and paid this return timely in the past and this was an unusual and unforeseen occurrence.

If you have any questions, please feel free to call us between the hours of 9 A.M. and 5 P.M. Monday thru Friday at (954) 776-1444.

Sincerely,
PASSAREILLO & STAIANO, C.P.A.



John Passariello, C.P.A.
Encl