

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90034 016 ***150.00

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DOCUMENT # P00000013616

1. Entity Name
ACTION BOAT CHARTERS, INC.

Principal Place of Business 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020	Mailing Address 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020
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UUU47333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1202 South Route 31 Suite, Apt. #, etc.	3. Mailing Address 1202 South Route 31 Suite, Apt. #, etc.
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City & State McHenry, Illinois	City & State McHenry, Illinois	4. FEI Number 36-4352632	Applied For <input type="checkbox"/> Not Applicable
Zip 60050	Country USA	Zip 60050	Country USA

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

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEDER, LAWRENCE H			NAME			
STREET ADDRESS	2450 HOLLYWOOD BLVD., STE. 401			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	President /Director	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Alan Bagliore			NAME			
STREET ADDRESS	1202 South Route 31			STREET ADDRESS			
CITY-ST-ZIP	McHenry, Illinois 60050			CITY-ST-ZIP			
TITLE	Vice President /Director	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Erik Bagliore			NAME			
STREET ADDRESS	1202 South Route 31			STREET ADDRESS			
CITY-ST-ZIP	McHenry, Illinois 60050			CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Alan Bagliore			NAME			
STREET ADDRESS	1202 South Route 31			STREET ADDRESS			
CITY-ST-ZIP	McHenry, Illinois 60050			CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Alan Bagliore			NAME			
STREET ADDRESS	1202 South Route 31			STREET ADDRESS			
CITY-ST-ZIP	McHenry, Illinois 60050			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Bagliore **3 / 15 / 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)