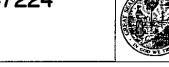
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P00000087224

CRUISE HOLIDAYS OF ST JOHNS, INC.



Principal Place of Business

Mailing Address

2746 US 1 SOUTH

2746 US 1 SOUTH

ST. AUGUSTINE FL 32086

ST. AUGUSTINE FL 32086

2. Principal F 2730 Suite, Apt.	Place of Business US 1 South #, etc.	3. Mailing Address 2730 US Suite, Apt. #, etc.	51 Sovert	(1881/88) (1 88/11 88/11 88/11 88/11 8	EIF MAKING CHANGES	
City & State		City & State	City & State		Applied For Not Applicable	
Zip 	Country	Zip	Country	5. Certificate of Status Desired_	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
HALL, JR, CHARLES E 77 ALMERIA ST.			Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32084						
			City		FL Zip Code	
the obligate	Signature, typed or ported name of registered agent ILE NOW!!! FEE IS \$150.00		TE: Registered Agent signature	egistered agent, or both, in the State of F	//17/03 DATE	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign F Trust Fund Contribution	on. Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JOYCE, NORMA D 166 MARINE ST. ST. AUGUSTINE FL 32084	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS JOYCE, PETER J 166 MARINE ST. ST. AUGUSTINE FL 32084	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PONDER, CHRISTY B 205 RIVER NORTH CT ATLANTA GA 30328	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE	Preside Or	☐ Change ★Addition	

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 Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if changed, or on an attachment with an appears in Block 10 or Block 11 if changed, or on an attachment with an appear in Block 10 or Block 11 if changed, or on an attachment with an appear in Block 10 or Block 11 if changed, or on an attachment with an appear in Block 10 or Block 11 if changed, or on an attachment with an appear in Block 10 or Block 11 if changed, or on an attachment with an appear in Block 10 or Block 11 if changed in B

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04-16-2003 90149 049 ***150.00

Apr 16, 2003 8:00 am § Secretary of State