

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90149 049 ***150.00

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1. Entity Name

CRUISE HOLIDAYS OF ST JOHNS, INC.



Principal Place of Business

2746 US 1 SOUTH
ST. AUGUSTINE FL 32086

Mailing Address

2746 US 1 SOUTH
ST. AUGUSTINE FL 32086

2. Principal Place of Business

2730 US 1 SOUTH

3. Mailing Address

2730 US 1 SOUTH

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3460366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HALL, JR, CHARLES E
77 ALMERIA ST.
ST. AUGUSTINE FL 32084

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. 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

1/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☒ Delete

NAME DPT
JOYCE, NORMA D
STREET ADDRESS 166 MARINE ST.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☒ Delete

NAME DVS
JOYCE, PETER J
STREET ADDRESS 166 MARINE ST.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☒ Delete

NAME V
PONDER, CHRISTY B
STREET ADDRESS 205 RIVER NORTH CT
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME PRESIDENT
MICHAEL SMOCK
STREET ADDRESS 2730-A US 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE, FL 32259

TITLE ☐ Change ☒ Addition

NAME TREASURER
TARA DAWSON SMOCK
STREET ADDRESS 2730-A US 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE, FL 32259

TITLE ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/03 94-754-1410

CR2E034 (10/02)