1.00 2001\_UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000098300 FII ED CHEERIO'S CHARTERS, INC. 01 DEC -3 PM 2: 02 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 6630 MALONEY AVE UNIT 5 6630 MALONEY AVE, UNIT 5 KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 65-1050619 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOGAN, RYON Street Address (P.O. Box Number is Not Acceptable) 6630 MALONEY AVE, UNIT 5 KEY WEST, FL 33040 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition DILE ☐ Delete TITLE LOGAN, RYON NAME MAME 6630 MALONEY AVE, UNIT 5 STREET ADDRESS STREET ADDRESS CR2E034 KEY WEST, FL 33040 CITY-ST-ZIP 300004730033--12/18/01--01025--TITLE TITLE ☐ Delete MARIE NAME STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-SY-ZIP ☐ Change Delete TIFLE DUE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-2iP CITY-ST-ZIP Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE" ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Defete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not flatify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied in the proof is true and section 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 trusted 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 active with all other like empowered.

SIGNATURE:

A Car

## Cheerio's Charters, Inc. 6630 Maloney Avenue, Unit 5 Key West, FL 33040

October 16, 2001

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Certified return receipt # 7001 1940 0002 4689 4313

Ladies and Gentlemen:

Please find enclosed the 2001 Uniform Business Report. When I got together with my accountant, she asked me if I had paid for the 2001 UBR as she had not seen it with my paperwork. I told her that I did not receive any form in the mail. Accordingly, per her advice, I immediately requested a blank form which am enclosing with this letter together with the \$150 payment.

Given the fact that I did not receive your form this year, I am respectfully requesting that the penalties be abated. Please note that I will make sure this will never happen again as that was my first year in business.

Thank you in advance for your most valuable cooperation.

Very truly yours,

Ryon Logan Owner