

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90059 018 \*\*\*158.75

**DOCUMENT # P00000111668**

**1. Entity Name**  
**FUN - SEA - KER CHARTERS, INC.**

**Principal Place of Business**  
**1107 KEY PLAZA. #410**  
**KEY WEST FL 33040**

**Mailing Address**  
**1107 KEY PLAZA. #410**  
**KEY WEST FL 33040**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-1064178**

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**

**ADAMS, MICHAEL S**  
**16550 OLD STATE RD.**  
**SUGARLOAF KEY FL 33042**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**T** ☐ Delete  
**NAME ADAMS, MICHAEL**  
**STREET ADDRESS 16550 OLD STATE RD**  
**CITY-ST-ZIP SUGARLOAF KEY FL 33042**

**President** ☒ Change ☐ Addition  
**NAME MICHAEL S. ADAMS**  
**STREET ADDRESS 16550 OLD STATE ROAD**  
**CITY-ST-ZIP SUGARLOAF KEY, FL 33042**

**VP** ☐ Delete  
**NAME ADAMS, PATRICIA**  
**STREET ADDRESS 16550 OLD STATE RD**  
**CITY-ST-ZIP SUGARLOAF KEY FL 33042**

**SECRETARY** ☒ Change ☐ Addition  
**NAME ~~Michael~~ Patricia A. Adams**  
**STREET ADDRESS 16550 Old State Rd.**  
**CITY-ST-ZIP Sugarloaf Key, FL 33042**

**P** ☒ Delete  
**NAME VIARD, JOSEPH**  
**STREET ADDRESS 845 GULF DRIVE**  
**CITY-ST-ZIP CUDJOE KEY FL 33042**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**S** ☒ Delete  
**NAME CLARK, MARIE A**  
**STREET ADDRESS 22 BAY DR**  
**CITY-ST-ZIP KEY WEST FL 33040**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 25, 2002 305-745-3560**

Date

Daytime Phone #

CR2E034 (9/01)