FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 07, 2004 8:00 am Secretary of State

| DOCUMENT # P00000116093 1. Entity Name | | | | 05-07-2004 90134 041 ***150.00 | |
|--|---|----------------------------|--|--|--|
| | | | | | |
| Conch Republic Flami | ngo Fleet, Inc. | | | | |
| DO NO | OT WRITE I | N THIS S | PACE | | |
| 2. Principal Place of Business 1117 Whitehead Street | | 3. Mailing Address | | 54053460 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | 4. FEI Number | Applied For |
| Key West, FL Zip | Country | Zip | Country | 65-0460569 | Not Applicable \$8.75 Additional |
| , | usa | | | 5. Certificate of Status Desired | Fee Required |
| | | | 7. Nam Name | ne and Address of Current Reg | istered Agent |
| n | O NOT WR | ITE | Arthur Willian | | |
| IN THIS SPACE | | | Street Address (P.O. Box Number is Not Acceptable) 1117 Whitehead Street | | |
| | ч іліэ эгд | UE | | | |
| | | | City | FL | Zip Code |
| 8. The above named | l entity submits this stat | ement for the nurn | Key West | • • | = 33040 |
| 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, pam familiar with and accept the obligations of registered agent. | | | | | |
| SIGNATURE (ND WB) | | | | | |
| | ire, typed or printêd name of re - May 1 Fee is \$150.00 | gistered agent and title i | f applicable. (NOTE: Regi | stered Agent signature required when reins | stating) DATE |
| After May 1, Fee is \$550.00 Amended UBR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be |
| Make Check Payable | to Florida Departmen | | | Trust Fund Contribution. | Added to Fees |
| TITLE | OFFICERS AND President/Director | DIRECTORS | 11. TITLE | | |
| NAME | Arthur William Bohmfa | | NAME | | |
| STREET ADDRESS _CITY-ST-ZIP | 1117 Whitehead Street Key West FL 33040 | | STREET ADDRES | 6 S | |
| TITLE | | | TITLE | | |
| NAME STREET ADDRESS | | | NAME STREET ADDRES | | |
| CITY-ST-ZIP TITLE | | | CITY-ST-ZIP TITLE | | |
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| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRES | is DO NOT V | NRITE |
| TITLE | | | TITLE CONTRACTOR | INTHISS | PACE |
| NAME STREET ADDRESS | | | NAME STREET ADDRES | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP. | | |
| NAME | | | NAME | ag gunun (147 yang dag mayar 15 yang dag dag sanan mayar yang dag ng Amari (175 mga 185 ag | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRES | S | |
| TITLE | · | | TITLE | | 4 |
| NAME ∴STREET ADDRESS | | • • | NAME STREET ADDRES | 98 (m. 1994) 188 (m. 1994) | and the second of the second o |
| 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 on an attachment with an address, with all other like empowered. | | | | | |
| soll, ne | | | | | |
| SIGNATURE | Y SEL NO /V | Arthur Willian | | 5/1/2004 | (305) 294-2005 |
| SIGN | ATURE AND TYPED OR P | RINTED NAME OF S | IGNING OFFICER OR | DIRECTOR Date | Daytime Phone # |