

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034639

1. Entity Name
FRACTIONAL YACHT MANAGEMENT, INC.



Principal Place of Business
2825 MARIAH DRIVE
MELBOURNE, FL 32940

Mailing Address
P.O. BOX 410438
MELBOURNE, FL 32941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 410438

Suite, Apt. #, etc.

City & State
Melbourne FL

City & State

Zip
32941-0438

Country
US

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
58-3711840

Applied For
Not Applicable

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

CASBURN, MARK A
2825 MARIAH DRIVE
MELBOURNE, FL 32940

2616 Aston Circle

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

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

MARK A. CASBURN

(NOTE: Registered Agent signature required when administering)

20 Jun 03

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D- CEO
CASBURN, MARK A
2825 MARIAH DRIVE
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200021272392
07/02/03--01058--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

MARK A. CASBURN

20 Jun 03

321-432-8784

Date

Daytime Phone #

CR2E034 (10/02)

6/27

To Whom it May Concern:

Re: Document number P01000034639

I've recently returned from Operation IRAQI FREEDOM. I was called to active duty and was unable to submit my annual report for Fractional Yacht Management, Inc. Please accept my apology, I've enclosed an email suggesting I could pay the original fee of \$150. I've enclosed that amount and hope that will suffice. If additional funds are required please let me know and I will remit immediately.

Sincerely,

Mark Casburn