

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 002 ***150.00

DOCUMENT # P01000049723

1. Entity Name

FAMILY CAT CRUISING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1193 SUN CENTURY RD

Suite, Apt. #, etc.

3. Mailing Address

1193 SUN CENTURY RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3721943

Applied For

Not Applicable

Zip

34110

Country

US

Zip

34110

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RANKIN, DOUGLAS L ESQ

Street Address (P.O. Box Number is Not Acceptable)

2335 TAMiami TRAIL N STE 308

City

NAPLES

FL

Zip Code

34103

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME HAYNES, JAMES B
STREET ADDRESS 415 11TH AVENUE SOUTH
CITY - ST - ZIP NAPLES FL 34102

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James B Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
DATE

Daytime Phone #