FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 09, 2003 8:00 am Secretary of State P02000023164 DOCUMENT # 1. Entity Name 04-09-2003 90183 037 ***150.00 JUBILATION CRUISE LINES, INC. Principal Place of Business Mailing Address 128 OCEAN CT. 128 OCEAN CT. BOYNTON BCH FL 33426 **BOYNTON BCH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-66 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required ~7." Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent HOUDT, ROBERT V Street Address (P.O. Box Number is Nbt Acceptable) OCENW 128 OCEAN CT. **BOYNTON BCH FL 33426** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Change ☐ Addition TITLE TITLE ☐ Delete VAN HOUDT, ROBERT NAME NAME STREET ADDRESS 128 OCEAN CT. STREET ADDRESS **BOYNTON BCH FL 33426** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -- 🔄 Delete = TITLE -- Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachme

nDvith an address, with all other like

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