2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 28, 2003 8:00 am Secretary of State 07-09-2003 90043 018 ***550.00

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| 1. Entity Nam | | 00108191 | 0 | | | | | |
|--|---|---|---|--|--|-------------------------------|---|----------------|
| Principal Place of Business 670 GLEN CHEEK DR. 670 GLEN CHEEK DR. PORT CANAVERAL FL 32820 PORT CANAVERAL FL 32820 | | | | | 55052522 | | | |
| | | 3. Mailing Address | 3. Mailing Address Suite, Apt. #, etc. | | | | | , |
| Suite, Apt. | #, eic. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKE | NG CHANGES | ; | |
| City & State | | City & State | | 4. FEI Number 5.5 - 0802699 | ↓ | opplied For lot Applicable | | |
| Zip | Country | . Zip | Count | try | 5. Certificate of Status Desired | \$8.75 Ad Fee Require | | |
| <u></u> | _ 6. Name and Address of Curren | t Registered Agent | | | 7. Name and Address of New Registers | d Agent | | ļ., |
| A HI IMPLES | AIR | | | Name | The state of the second | | | == |
| MURPHY; CARLA- 670 GLEN CHEEK DR | | | ļ | Street Address (I | s (P.O. Box Number is Not Acceptable) | | | |
| PORT CA | NAVERAL FL 32920 | | | | | • | | ł |
| | | | j | City | F | L Zip Coo | te | Į |
| | named entity submits this statement tions of registered agent. | for the purpose of changing is | ts registere | ed office or register | ed agent, or both, in the State of Florida. I a | m familiar with, | , and accept | |
| SIGNATURE . | Signature, typed or printed name of registered ager | nt and title if applicable. (NC | OTE: Registered | d Agent signature required | when reinstating) DATE | | | |
| FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State | | | | | | | | |
| After Se | ptember 10, 2003 Fee will be \$75 | | | | Election Campaign Financing Trust Fund Contribution. | | OO May Be d to Fees | |
| After Se | plember 10, 2003 Fee will be \$75 k Payable to Fforida Department OFFICERS ANI | of State | 11. | | | Adde | d to Fees | i = |
| After Se | plember 10, 2003 Fee will be \$75 k Payable to Fforida Department | of State | TITLE NAME STREE | ſ | Trust Fund Contribution. | Adde | d to Fees | DE034 (4/na) |
| After Set Make Check 10. TITLE NAME STREET ADDRESS | ptember 10, 2003 Fee will be \$75 k Payable to Fforide Department OFFICERS AND PD MURPHY, CARLA 870 GLEN CHEEK DR. | O DIRECTORS Delete | TITLE NAME STREE CITY- TITLE NAME STREE | E ET ADDRESS S-ST-ZIP | Trust Fund Contribution. | Adde | d to Fees | CB0E034 (4/na) |
| After Set Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | plember 10, 2003 Fee will be \$75 k Payable to Florida Department of Florida Department o | O DIRECTORS Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME | ET ADDRESS - ST- ZIP | Trust Fund Contribution. | ND DIRECTOR Change | d to Fees IS IN 11 Addition | CB0E034 (4/03) |
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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:

7-5-03 321-783-2580



Attachment

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 10, 2003

Sent to encorrect adden Correct address is 670 Alen Check Al

Subject: SCHOONER SAILS, INC.

Reference Number:

P02000108191

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) Complete number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056.

/RH ANNUAL REPORTS SECTION