

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

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90015 016 ***150.00

DOCUMENT # *P03000077386*

1. Entity Name

HARBOR Lights Casino Cruises Inc.



DO NOT WRITE IN THIS SPACE

54022235

2. Principal Place of Business

5055 Hayfield Rd

Suite, Apt. #, etc.

3. Mailing Address

5055 Hayfield Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Melbourne

City & State

FL

4. FEI Number

57-1179054

Applied For

Not Applicable

Zip

32904

Country

United States

Zip

32904

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles A. Schillinger, Esq.

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

1329 Bedford Dr Suite 1

City

Melbourne

FL

Zip Code

32940

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>PRESIDENT</i>	<i>William P. Turnbaugh</i>	<i>5055 Hayfield Rd.</i>	<i>West Melb, FL 32904</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)