2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P93000082022 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90094 045 ***150 00 SUNDOWN BAREBOAT CHARTERS, INC. Mailing Address Principal Place of Business 15600 HANCOCK RD 401 BISCAYNE BLVD. SARASOTA FL 34240 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0461966. Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAWSON, RAQUEL Street Address (P.O. Box Number is Not Acceptable) 3250 MARY ST. SUITE 100 **COCONUT GROVE FL 33133** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NAME NAME O'NEALL, DANNA STREET ADDRESS STREET ADDRESS 3142 CROSSWOOD DR CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37214 Change ☐ Addition TITLE VΡ ☐ Defete TITLE NAME NAME CAVIN, LAURA STREET ADDRESS STREET ADDRESS 8285 GLEN EAGLE WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34120 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME ONEALL, DANNA STREET ADDRESS STREET ADDRESS 3142 CROSSWOOD DR CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37214 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ONEALL, DANNA STREET ADDRESS STREET ADDRESS 3142 CROSSWOOD DR CITY-ST-7IP CITY-ST-7IP NASHVILLE TN 37214 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Date Date Destine Proper #

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

E034 (9/01)

FILED