

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90165 022 \*\*\*150.00

**DOCUMENT # P93000083936**

**1. Entity Name**  
**SALTY-DOG SAILING ADVENTURES, INC.**



**Principal Place of Business**  
**P.O. BOX 451532**  
**MIAMI FL 33245**

**Mailing Address**  
**P.O. BOX 451532**  
**MIAMI FL 33245**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 452403**

**PO Box 452403**

City & State

City & State

**MIAMI FL**

**MIAMI FL**

Zip

Country

**33245**

**USA**

Zip

Country

**33245**

**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**59-3213733**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

**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**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RITTER, ELIZABETH</b>	
STREET ADDRESS	<b>RT 3 BOX 102</b>	
CITY-ST-ZIP	<b>LAMONTE MO 65337</b>	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/16/3**  
Date

**660-347-5879**  
Daytime Phone #