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

DOCUMENT #

P94000082801

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PR

SPECIALTY CRUISES INTERNATIONAL, INC.



**FILED** 

Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90650 002 \*\*\*150.00

Principal Place of Business Mailing Address 677 NORTH WASHINGTON BOULEVARD 677 NORTH WASHINGTON BOULEVARD 60015499 SUITE 80 SUITE 80 SARASOTA FL 34236 SARASOTA FL 34236 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 65-0531425 Zip Not Applicable Country Zip Country 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 KRAMS, DOROTHY Street Address (P.O. Box Number is Not Acceptable) 2945 HEATHER BOW SARASOTA FL 34235 City Zip Code FI 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME KRAMS, DOROTHY ☐ Change ☐ Addition NAME STREET ADDRESS 2945 HEATHER BOW STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D'Delete TITLE Сhange NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 changed or on an attachment with an address, with all other like appropriated.

Date