

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000015430****1. Entity Name**  
**FUN TO SEA AMUSEMENTS, INC.****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90383 050 \*\*\*150.00

**80056001**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
10619 SUMMER SEASONS PLACE  
TAMPA FL 33625-5815  
US**Mailing Address**  
10619 SUMMER SEASONS PLACE  
TAMPA FL 33625-5815  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 59-3373708Applied For  
Not Applicable

Zip

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**WALKER & ASSOCIATES  
ATTN: STEVE JONES  
211 SOUTH DALE MABRY  
TAMPA FL 33609

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.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DP ☐ Delete  
NAME JONES, WAYNE E  
STREET ADDRESS 211 S. DALE MABRY HIGHWAY  
CITY-ST-ZIP TAMPA FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DVS ☐ Delete  
NAME JONES, TRUDY E  
STREET ADDRESS 211 S. DALE MABRY HIGHWAY  
CITY-ST-ZIP TAMPA FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME GOULD, VIRGINIA  
STREET ADDRESS 211 S. DALE MABRY HIGHWAY  
CITY-ST-ZIP TAMPA FL 33609TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME JONES, DANIEL  
STREET ADDRESS 10619 SUMMER SEASONS PL  
CITY-ST-ZIP TAMPA FL 33625TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)