## FILED Jan 19, 2000 8:00 am

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084693

SEABREEZE CHARTERS OF KEY WEST, INC.					Secretary of State 01-19-2000 90323 028 ***150.00			
Principal Place 2319 N. ROOSE KEY WEST FL	VELT BLVD.	Mailing Address 2319 N. ROOSEVELT BLVD. KEY WEST FL 33040-3835						
2. Principal Pl	ace of Business FRONT St., #, etc.	3. Mailing Address 6/7 FRONT STREET Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPACE			
City & State	WEST, FL	City & State KEY WEST, FL		4.	FEI Number         65-0704716         Applied For Not Applicable		t Applicable	
33040	O USA		Country USA	} `	Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
PACI 2319 KEY	Street Address (P.O. Box Number is Not Acceptable)  Lo 1.7 Front Street							
			City	y WE	<t< td=""><td>FL Zip Code</td><td>10</td></t<>	FL Zip Code	10	
8. The above named entire gubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature updated or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when remarkating)  DATE								
Tax filing re	eration is eligible to satisfy its Intangible equirement and elects to do so. it is on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00 of State				
11.	OFFICERS AND D		12.	A[	DDITIONS/CHANGES TO OFFICERS		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACEY, G.J. 1901 S. ROOSEVELT BLVD. 108N KEY WEST FL 33040	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEY S	The same	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PACEY, CONSTANCE L 1901 S. ROOSEVELT BLVD. 108N KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		per ser plante i	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PACEY, VANCE G 1901 S. ROOSEVELT BLVD. 108N KEY WEST FL 33040	Delete Y	NAME STREET ADDRESS CITY-ST-ZIP	DVP PACEY, <b>909</b> TH KEY	VANCE G.	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,	☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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 prier like expowered.

SIGNATURE: