

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100443

1. Entity Name

FLORIDA COASTAL CRUISES, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90054 015 ***150.00

Principal Place of Business

65 CUNNINGHAM
NEW SMYRNA BEACH FL 32168

Mailing Address

P.O. BOX 1227
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

921 LOCUST ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH FL.

City & State

Zip

32169

Country

U.S.A

Zip

Country

4. FEI Number

59-3424094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYKA, TED
65 CUNNINGHAM
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

TED WYKA

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

921 LOCUST ST.

City

NEW SMYRNA BEACH

FL

Zip Code

32169

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

T. Wyka TED WYKA

3-19-01

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

TITLE P
NAME WYKA, TED
STREET ADDRESS 65 CUNNINGHAM
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TEO WYKA
STREET ADDRESS 921 LOCUST ST.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

T. Wyka TED WYKA

3-19-01 1-386-428-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)