## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P96000104055** Feb 27, 2000 8:00 am **Secretary of State** PALM BEACH WATER TAXI, INC., 02-27-2000 90079 045 \*\*\*150.00 Mailing Address Principal Place of Business 505 S FLAGLER DR #1450 505 S FLAGLER DR #1450 W PALM BCH FL 33401-5954 W PALM BCH FL 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0715671 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAUNCEY, HARRISON K JR Street Address (P.O. Box Number is Not Acceptable) 241 BRADLEY PLACE PALM BEACH FL 33480 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE DREYFOOS, ALEXANDER W JR MARKE NAME STREET ADDRESS 505 S. FLAGLER DR SUITE 1450 STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-7IP ☐ Change ☐ Addition DVPT Delete TITLE TITLE DICKRON E: MURRAY NAME NAME STREET ADDRESS STREET ADDRESS 505 S. FLAGLER DR SUITE 1450 CITY-ST-ZIP W PALM BEACH FL 33401 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE CHAUNCEY, HARRISON K JR NAME NAME 241 BRADLEY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP , CHY-ST-ZIP. ☐ Addition Change Delete Delete TITLE TITLE' NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Lhereby 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 actiress, with all other like empowered.

OF SIGNING OFFICER OF DIRECTO