2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State P97000029171 DOCUMENT # 1. Entity Name 05-20-2002 90017 044 ***150.00 CRUISE WORLD, INC. Mailing Address Principal Place of Business 13149 N DALE MABRY 13149 N DALE MABRY STE 701 STF 701 TAMPA FL 33618 TAMPA FL 33618 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3443964 Not Applicable **\$8.75** Additional Country Zip Zip Country -5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZOLLER, YVONNE S. Street Address (P.O. Box Number is Not Acceptable) 13149 N DALE MABRY #701 Zip Code **TAMPA FL 33618** City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME ZOLLER, YVONNE SUSAN NAME STREET ADDRESS 17725 EAGLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 ☐ Change Addition TITLE ☐ Delete TITLE NAME LUPO, WILLIAM M. NAME STREET ADDRESS 9125 CYPRESS KEEP LANE STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #