RX DATE/TIME :APR.-22'03(TUE) 14:16 305 756 0639
APR-22-03 TUE 2:23 PM KAY BUSINESS SERVICES FAX NO.

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91510 030 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091282

1. Entity Name
A YACHTING HOLIDAY, INC.

10089721

Principal Place of Business
908 S.W. 19TH STREET
FT LAUDERDALE, FL 33315

Mailing Address
908 S.W. 19TH STREET
FT LAUDERDALE, FL 33315

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0792988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTENGERA, JAMES D
908 S.W. 19TH STREET
FT LAUDERDALE, FL 33315

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASTENGERA, JAMES D		NAME		
STREET ADDRESS	908 S.W. 19TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLAMMIA, SUSAN M		NAME		
STREET ADDRESS	908 S.W. 19TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Susan Flammia April 24, 03 954-224-6805