

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025058

1. Entity Name

CAMBRIDGE SAIL LOFT AND RIGGING INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90043 031 ***150.00

Principal Place of Business 4552 APPLETON AVENUE JACKSONVILLE FL 32210 US	Mailing Address 4552 APPLETON AVENUE JACKSONVILLE FL 32210-2049 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6610 Lenox Avenue Suite, Apt. #, etc.	3. Mailing Address 6610 Lenox Avenue Suite, Apt. #, etc.
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City & State Jacksonville, Fl.	City & State Jacksonville, Fl.	4. FEI Number 59-3209068	Applied For Not Applicable
Zip 32205	Country Duval	Zip 32205	Country Duval

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HARTSHORN, GEORGE
4552 APPLETON AVENUE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6610 Lenox Avenue
 City **Jacksonville** FL Zip Code **32205**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		<input type="checkbox"/> Delete
TITLE CEO	NAME HARTSHORN, GEORGE	<input type="checkbox"/>
STREET ADDRESS 4552 APPLETON AVENUE	CITY-ST-ZIP JACKSONVILLE FL 32210	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE CEO	NAME Hartshorn, George	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 6610 Lenox Avenue	CITY-ST-ZIP Jacksonville, Fl. 32205		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	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.

SIGNATURE: George H. Hartshorn 2-14-00 904-374-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)