

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90072 010 ***150.00

06/05/76 AB

DOCUMENT # **P98000029689**

1. Entity Name
HISTORIC PARTY DOCK, INC.



Principal Place of Business
**8855-BLANCHARD AVENUE
FONTANA CA-92335**

Mailing Address
**8855-BLANCHARD AVENUE
FONTANA CA-92335**

New Address →



2. Principal Place of Business
510 Mulholland Park

3. Mailing Address
Palatka, Fl. 32177

Suite/Apt. #, etc.
Palatka, Fl. 32177

City & State
Palatka, FL

Zip
32177

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number
58-2556110

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TOWNSEND, WILLIAM L JR.
200 REID STREET
FIRST UNION BANK BUILDING
PALATKA FL 32178-0250**

7. Name and Address of New Registered Agent

Name
Ruth A. Burk

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

City
Palatka - fl. FL 32177

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
Ruth A. Burk

DATE
4-28-03

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

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

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BURK, RUTH |
| STREET ADDRESS | 8855-BLANCHARD AVENUE |
| CITY-ST-ZIP | FONTANA CA 92335 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | 510 Mulholland Park |
| STREET ADDRESS | Palatka, Fl. 32177 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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
Ruth A. Burk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/28/03

DAYTIME PHONE #
386 325-1923

CR2E034 (10/02)