

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043597

1. Entity Name

CHOOSE TO CRUISE, INC.

Principal Place of Business

309 N.E. FIRST STREET
GAINESVILLE FL 32601

Mailing Address

309 N.E. FIRST STREET
GAINESVILLE FL 32601

2. Principal Place of Business

3312 W. University Ave

3. Mailing Address

3312 W. University Ave

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. FEI Number 59-3511761

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARRAFFINO, LAWRENCE J
309 N.E. FIRST STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

3312 W. University Ave

Suite 2

City

Gainesville

FL

Zip Code

32607

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

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, 2001 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

TITLE NAME D MARRAFFINO, LAWRENCE J
STREET ADDRESS 309 N.E. FIRST STREET
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE NAME D MARRAFFINO, ELLEN M
STREET ADDRESS 309 NE 1ST ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME 3312 W. University Ave
STREET ADDRESS Suite 2
CITY-ST-ZIP Gainesville, FL 32607

TITLE NAME 3312 W. University Ave
STREET ADDRESS Suite 2
CITY-ST-ZIP Gainesville, FL 32607

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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)(f), 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 lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90022 021 ***150.00

C0042968



DO NOT WRITE IN THIS SPACE

0039604

CR2E034 (10/00)