FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE!

| DOCUMENT # P9800056650 1. Entity Name CHARTER BOAT MY MS GINA, INC. J+R Charters, INC. | | | | Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90297 037 ***150.00 | | |
|---|--|---|--|---|---------------------------|----------------------------|
| Principal Place of Business 22916 BLUE GILL LANE CUDJOE KEY FL 33042 | | Mailing Address 22916 BLUE GILL LANE CUDJOE KEY FL 33042 | | | | |
| | | | , | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 1 78811882 JIB 78(E1 1911) 88131 88111 8811 | . 86181 81118 61118 61191 | 011) 3 8) 69 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4. FEI Number 65-0845880 Applied For Not Applicable | | |
| Zip | Country | Zip Co | untry | 5. Certificate of Status Desired | ¢9.75 | fitional |
| | - 6. Name and Address of Current Re | egistered Agent | | ~7. Name and Address of New Registe | <u>'</u> | |
| | | | Name | | | |
| DISCHER, RUTH 22916 BLUE GILL LN | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| CUDJOE | KEY FL 33042 | | | | | |
| | | | City | | FL Zip Code | 9 |
| Tax filing i | Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!! FE After May 1, 2002 Fe | | when reinstating) D 10. Election Campaign Financing Trust Fund Contribution. | ~ <u> </u> | O May Be |
| | ria on back) | Make Check Payable to | | 9 | | to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DISCHER, JOHN 22916 BLUE GILL LANE CUDJOE KEY FL 33042 | ☐ Delete TI NJ S1 | TLE AME IREET ADDRESS TY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS Change | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD DISCHER, RUTH 22916 BLUE GILL LANE CUDJOE KEY FL 33042 | NA ST | TLE AME REET ADDRESS TY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | NA ST | tle Ame Reet address Ty-St-Zip | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | NA St | tle IME Reet address Ty-St-Zip | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | NA ST | TLE IME REET ADDRESS IY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | NA STI | TLE ME REET ADDRESS TY-ST-ZIP | | ☐ Change | Addition |
| of the cor | ertify that the information supplied with thi on this report or supplemental report is tru coration or the receiver or trustee empowe or on an attackment with an address, with | ue and accurate and that my sign ered to execute this report as requ | ature chall have the es | ema lanal effect as if made under eath: th | at Lam an officar o | or director |