FILED
Jun 16, 2002 8:00 am
Secretary of State
05-14-2002 90350 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082829

1. Entity Name

Daytona Beach River Cruise Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
351 - Basin Street Suite, Apt. #, etc.	(Same) Suite, Apt. #, etc.
City & State: Daytona Beach, FL Zip: 32114 Country: Volusia	City & State: (Same) Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 593536365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mary D. Hansen

Street Address (P.O. Box Number is Not Acceptable): 1620 S. Clyde Morris Blvd. Ste. 300

City: Daytona Beach FL Zip Code: 32119

6. 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 name is changed)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PRESIDENT NAME: Robin Whitaker STREET ADDRESS: 13 - Clark Road CITY-ST-ZIP: Eliot, ME 03903	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VICE-PRESIDENT NAME: Pam Eshenaur STREET ADDRESS: 368 - North Ridgewood Ave. CITY-ST-ZIP: Ormond Beach FL 32174	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary/Treasurer NAME: William H. Barry, III STREET ADDRESS: 255 - Main Street CITY-ST-ZIP: Nashua, NH 03060	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE IN THIS SPACE**
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:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pam Eshenaur Vice President 6/3/02 386-248-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAM ESHENAUR