

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094452

1. Entity Name  
AMERICAN COASTAL CRUISES, INC.



**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90154 019 \*\*\*150.00

Principal Place of Business  
9808 GRAND VERDE WAY  
805  
BOCA RATON FL 33428

Mailing Address  
9808 GRAND VERDE WAY  
805  
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

2755 NE 28TH AVE

2755 NE 28TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B3

B3

City & State

City & State

HIGHHOUSE POINT

HIGHHOUSE POINT

Zip

Zip

33064

33064

COUNTRY

COUNTRY

FLORIDA

FLORIDA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0874686

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMASON, TIMOTHY T  
9808 GRAND VERDE WAY  
805  
BOCA RATON FL 33428

Name THOMASON, TIMOTHY T  
Street Address (P.O. Box Number is Not Acceptable)  
9808 2755 NE 28TH AVE  
B3  
City HIGHHOUSE PT FL Zip Code 33064

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/5/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO  
NAME THOMASON, TIMOTHY T  
STREET ADDRESS 9808 GRAND VERDE WAY #805  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE PCEO  
NAME THOMASON, TIMOTHY T  
STREET ADDRESS 2755 NE 28TH AVE B3  
CITY-ST-ZIP HIGHHOUSE POINT FL 33064

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/5/03 954-782-9357  
Daytime Phone #

CR2E034 (10/02)