

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90111 019 ***158.75

DOCUMENT # P99000034718

1. Entity Name

~~JM&G CHARTERS, INC.~~

NERVOUS WATER CHARTERS, INC.

Principal Place of Business

Mailing Address

~~288 HIGHWAY 90 E. SLIP 1~~
~~DESTIN FL 32541~~

PO BOX 1456
 DESTIN FL 32540

2. Principal Place of Business

430 BENNING DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

4. FEI Number **59-3572106**

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

Country

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

GARCIA, GINA

306 TURQUOISE BEACH DR.

SANTA ROSA BEACH FL 32459

Name

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

430 BENNING DRIVE

City

DESTIN

FL

32541

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]

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

(NOTE: Registered Agent signature required when reinstating)

7-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GARCIA, MICHAEL**
 STREET ADDRESS **306 TURQUOISE BEACH DR.**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **VP** ☐ Delete
 NAME **Gina**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **430 BENNING DRIVE**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☒ Addition
 NAME **Gina Garcia**
 STREET ADDRESS **430 BENNING DRIVE**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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)(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 Block 12 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

[Signature] **Gina M. Garcia**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-6-01

Daytime Phone #

850 837 6494

CR2E034 (10/00)

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