

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90088 029 \*\*\*150.00

**DOCUMENT # P99000089850**

1. Entity Name  
**VICTORIA MICHAEL CRUISES, INC.**

Principal Place of Business  
**4765 ESTERO BLVD**  
**FORT MYERS BEACH FL 33931**

Mailing Address  
**4765 ESTERO BLVD**  
**FORT MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 6397**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Fort Myers Beach FL**

4. FEI Number  
**59-3603300**

Applied For  
 Not Applicable

Zip Country  
**33932 Lee**

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

**SWART, HARRY J CPA**  
**717 E. OAK ST.**  
**KISSIMMEE FL 34744**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEWMAN, MICHAEL A 385 E. DONEGAN AVE. KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEWMAN, VICTORIA MILO 385 E. DONEGAN AVE. KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Michael Newman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02  
 Date Daytime Phone #

1468709 AV

CR2E034 (9/01)