## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000093855

1. Entity Name

CRUISE SOLUTIONS, INC.



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90125 006 \*\*\*150.00

			No. of the last of				
Principal Place of Business 9901 N.W. 20TH STREET PEMBROKE PINES FL 33024		Mailing Address 9901 N.W. 20TH STREET PEMBROKE PINES FL 33024			( 1821/1831 (18 18/18 18/1) 88/1/ 88/1/ 88/1/	<b>18</b> 11 <b>8</b> (18138 1818) (181	<b>31 31/81 8</b> /11 18 <b>8</b> 1
2. Principal Place of Business 3. Mailing Address							
#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
te .	City	City & State			00186(9/6		Applied For
Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country	5.		\$8.75 A	
6. Name and Address o	f Current Registere	ed Agent		7-	Name and Address of New Register	,	
		<b>3</b>	Name		Tham and thousand or help hegiote.	cu Agent	
ks. Donald P					· · · · · · · · · · · · · · · · · · ·		
			Street Add	dress (P.O.	Box Number is Not Acceptable)		
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C 1 11/20 1 2 33024			City		-	<b>FL</b> Zip Co	ode
named entity submits this sta	atement for the purp	ose of changing its r	egistered office or r	egistered a		·	and accept
tions of registered agent		<b>-</b>	ogiolorou omoo or r	9,0,0,0,00	agont, or both, in the state of Honda.	an anima wa	i, and accept
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Signature, typed or printed name of regi	istered agent and title if app	olicable. (NOTE:	Registered Agent signature	required when	reinstating) DA	TE	<del></del> _
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r May 1, 2003 Fee will be	\$550.00				Election Campaign Financing     Trust Fund Contribution.		.00 May Be ed to Fees
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	TH STREET PINES FL 33024  Place of Business  #, etc.  The Country  6. Name and Address of the Country  8. Name and Address of the Country  8. Name and Address of the Country  9. Name and Address of the Country  1. Name and Address of the Country	Place of Business  #, etc.  Country  Co	TH STREET PEMBROKE PINES FL 33024  Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  KS, DONALD P 20TH ST (E PINES FL 33024  In named entity submits this statement for the purpose of changing its r lions of registered agent.  Signature typed or printed name of registered agent and title if applicable. (NOTE:  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of State  OFFICERS AND DIRECTORS  D HENDRICKS, DONALD J 9901 N.W. 20TH STREET PEMBROKE PINES FL 33024  D HENDRICKS, MARILYN 9901 N.W. 20TH-STREET PEMBROKE PINES FL 33024  D Delete  Delete  Delete	TH STREET INES FL 33024  Place of Business  3. Mailing Address #, etc.  Country  Zip  Country  Zip  Country  E. Name and Address of Current Registered Agent  KS, DONALD P  20TH ST  (E PINES FL 33024  City  Inamed entity submits this statement for the purpose of changing its registered office or relicins of registered agent.  Sepnature, typed or primed name of registered agent and still it applicable.  (NOTE, Registered Agent signature)  The street Address of Current Registered Agent and still it applicable.  (NOTE, Registered Agent signature)  (NOTE, Registered Agent signature)  The street Address of Current Registered agent and still it applicable.  (NOTE, Registered Agent signature)  (NOTE, Registered Agent signature)  The street Address of Current Registered agent and still it applicable.  (NOTE, Registered Agent signature)  The street Address of City Street Agent signature)  The street Address of City Street Agent signature)  Delete Title  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete Title  STREET ADD	TH STREET  19901 N.W. 20TH STREET  PEMBROKE PINES FL 33024  Place of Business  3. Mailing Address 4. etc.  Suite, Apt. #, etc.  Country  Zip  Country  5. Name and Address of Current Registered Agent  KS, DONALD P  20TH ST  (E PINES FL 33024  City  Inamed entity submits this statement for the purpose of changing its registered office or registered agent  Signature, typed or primad name of registered agent and life if applicable  (NOTE Registered Agent signature required when the purpose of changing its registered office or registered agent into so of registered agent.  Signature, typed or primad name of registered agent and life if applicable  (NOTE Registered Agent signature required when the purpose of changing its registered office or registered agent agent and life if applicable  (NOTE Registered Agent signature required when the purpose of changing its registered office or registered agent	THIS REET S00 N.W. 20TH STREET PEMBROKE PINES FL 33024    PEMBROKE PINES FL 33024	THISTRET PEMBROKE PINES FL 3024  Pines of Business  3. Mailing Address 4. etc.  Cly & State  Country  Zip  Country  Jip  Country  State  Country  5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  KS, DONALD P  Street Address (P.O. Box Number's Not Acceptable)  Street Address (P.O. Box Number's Not Acceptable)  Chy  FL Zip  Chy  Chy  FL Zip  Chy  FL 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 attention with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03 954.442-424