2003 FOR PROFIT CORPORATION

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empeweed to

changed, or on an attachment

Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P99000096420 DOCUMENT # 03-31-2003 90228 043 ***150.00 IMAGE CHARTERS AND YACHT SALES, INC. Principal Place of Business Mailing Address P.O. BOX 08177 4820 SHERRY LANE FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 15045 MIGREGOR Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES 10 L City & State Applied For City & State 4. FEI Number 65-1027756 ~0rt Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33908 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sane FLAHERTY, BRANDON Street Address (P.O. Box Number is Not Acceptable) 4820 SHERRY LANE FT. MYERS FL 33908 15065 McGregor Blud Fort Myers 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Flaherty, Brandon FLAHERTY, BRANDON NAME NAME 15065 meGregor Blud \$102 4820 SHERRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33908 CITY-ST-ZIP Fort Myers, FL 33908 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED