FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am P99000104360 DOCUMENT # **Secretary of State** 1. Entity Name ROYAL YACHT CHARTERS, INC. 02-13-2002 90016 011 ***150.00 Principal Place of Business Mailing Address 341 ROYAL PLAZA DR 341 ROYAL PLAZA DR .:B0023040 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0965607 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name CHILLINGWORTH, JOHN F Street Address (P.O. Box Number is Not Acceptable) 341 ROYAL PLAZA DRIVE FORT LAUDERDALE FL 33301 Zip Code City 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 John Chicknewborth (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Change ☐ Addition CR2E034 (9/01 TITLE Delete CHILLINGWORTH, JOHN F NAME NAME 341 ROYAL PLAZA DR STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Delete TITLE ☐ Change Addition TITLE CHERYL FIREL NAME NAME 762 MIDDLE RIVER DRIVE STREET ADDRESS STREET ADDRESS FL33304. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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

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.