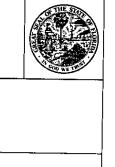
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47496

TWO OCEANS MOPED RENTAL NO. 1, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90132 009 ***150.00

				ジ
Principal Place of Business 1910 N ROOSEVELT BLVD KEY WEST FL 33040 US		Mailing Address 1910 N ROOSEVELT E KEY WEST FL 33040 US	BLVD	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0265068 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
6. Name and Address of Currer		urrent Registered Agent		Fee Required
			Name	7. Name and Address of New Registered Agent
SAVIANO	, DENNIS P.			
1102 KE	/ PLAZA		Street Addres	ss (PO. Bo Number is Not Acceptable) N. 2005EVELT BLVD
KEY WES	ST FL 33040		7770	TI. LOUSE 1-21 BLVB
			City	FL Zip Code
The above the obliga	e named entity submits this statem tions of registered agent.	ent for the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
<u>.</u>	3			, , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (N	OTE: Registered Agent signature requ	tired who acceptable.
	FILE NOW!!! FEE IS \$150.00			pred when reinstating) DATE
	r May 1, 2003 Fee will be \$55			9. Election Campaign Financing \$5.00 May Be
Make Chec	k Payable to Florida Departme	ent of State		Trust Fund Contribution. Added to Fees
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	Change Addition
NAME	SAVIANO, DENNIS P.		NAME	Change C Addition
STREET ADDRESS CITY-ST-ZIP	1910 N ROOSEVELT BLVD KEY WEST FL 33040		STREET ADDRESS	
TITLE	TET VICOT I C 33040		CITY-ST-ZIP	
NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		•	STREET ADDRESS	
CITY-ST-ZIP		والمهاليس المعالي المساور المس	CITY-ST=ZIP	and the state of t
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME	<u> </u>		NAME	Change Mudition
STREET ADDRESS SITY-ST-ZIP			STREET ADDRESS	
ITLE	·		CITY-ST-ZIP	
IAME		☐ Delete	TITLE	☐ Change ☐ Addition
TREET ADDRESS			NAME STREET ADDRESS	
ITY-ST-ZIP			CITY-ST-ZIP	
ITLE		☐ Delete	TITLE	☐ Change ☐ Addition
AME			NAME	☐ Change ☐ Addition
TREET ADDRESS ITY-ST-ZIP			STREET ADDRESS	
ITLE			CITY-ST-ZIP	
AME		☐ Delete	TITLE	☐ Change ☐ Addition
TREET ADDRESS		1	NAME STREET ADDRESS	1
ITY-ST-ZIP			CITY-ST-ZIP	
2. I hereby co	ertify that the information supplied	with this filing does not qualify fr		ection 119.07(3)(i), Florida Statutes. I further certify that the information
of the corp	on this report or supplemental repo loration or the receiver or trustee e	ort sitrile and occurate and that r	my signature shall have the	lection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under cath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
changed, d	or on an attachment with an add e	sell in all alborative empowered		7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #