## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58845  1. Entity Name VITAMIN SEA CHARTERS, INC.							Secretary of State 04-29-2002 90127 025 ***150.00				
Principal Plac 13175 OVERS MARATHON F US	EAS HWY	<b>S</b> .	Mailing Address 13175 OVERSEAS HWY MARATHON FŁ 33050 US								
2. Principal Place of Business			3. Mailing Address				- I LEBOKETE FOI BINDI IDIAK IBINI DIBUI OKI BIDIN AKAN DIBIN DIBIK DIBIN DIBIN DIBIK DIBIN DIBIN DIBIK DIBIN DIBIN DIBIK DIBIN DIBI				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			<b>4.</b> F	4. FEI Number 65-0345283 Applied For Not Applicable				
Zip		Country	Zip	Country		5. (	Certificate of Status Desired		3.75 Add	itional	
	6. Name	and Address of Current R	egistered Agent	7. Name and Address of New F				ered Age	∍nt		
FERRELL, HEIDI					Street Address (P.O. Box Number is Not Acceptable)						
58008 MORTON ST.					offeet Address (1.0. box Number is Not Acceptable)						
GRASS KEY FL 33050					City				Zin Code	,	
8. The above named entity submits this statement for the purpose of changing its register						FL Zip Code					
SIGNATURE.		or printed name of registered agent an			d Agent signature r			)ATE			
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 Sta			00.	Election Campaign Financin     Trust Fund Contribution.	g		0 May Be to Fees	
11. OFFICERS AND DIR							DITIONS/CHANGES TO OFFICERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERRELL, 58008 MC GRASSY I		☐ Delete	•					] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERRELL, 58008 MO		☐ Delete					С	] Change	Addition	
TITLE NAME STREET ADORESS	ST FERRELL, 58008 MO	HEIDI PRTON.ST.	☐ Delete		ET ADDRESS		-		] Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	GHASSY	KEY FL 33050	□ Delete	TITLE NAMI STRE			•		] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I .				] Change	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: