

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91596 044 ***150.00

DOCUMENT # H51971

1. Entity Name

1-800 CRUISES, INC.

Handwritten: NID FLD 4/25/01

Principal Place of Business

Mailing Address

5030 CHAMPION BOULEVARD
 BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

220 CONGRESS PARK DRIVE

220 CONGRESS PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

592523549

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOHN M. BLOODWORTH

Street Address (P.O. Box Number is Not Acceptable)

220 CONGRESS PARK DRIVE

City

DELRAY BEACH

FL

Zip Code

33445

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.

SIGNATURE

Handwritten Signature: John M. Bloodworth

JOHN M. BLOODWORTH

4/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | PRESIDENT, SECRETARY, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN M. BLOODWORTH |
| STREET ADDRESS | 220 CONGRESS PARK DRIVE |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 |
| TITLE | VICE PRESIDENT, ASST. SECY. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICK DOYLE DIRECTOR |
| STREET ADDRESS | 220 CONGRESS PARK DRIVE |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 |
| TITLE | VICE PRESIDENT, ASST. SECY. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE DEL PINO |
| STREET ADDRESS | 220 CONGRESS PARK DRIVE |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 |
| TITLE | VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IRWIN (DOC) KLOTZ |
| STREET ADDRESS | 220 CONGRESS PARK DRIVE |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

Handwritten Signature: John M. Bloodworth

JOHN M. BLOODWORTH, PRESIDENT

4-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)