

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90143 019 ***150.00

DOCUMENT # H51971

1. Entity Name

1800 CRUISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 CONGRESS PARK DR.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 125

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

Zip

33445

Country

USA

Zip

Country

4. FEI Number

59-2523549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN BLOODWORTH

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

220 CONGRESS PARK DRIVE

City

DELRAY BEACH

FL

Zip Code

33445

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IN THIS SPACE**

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

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
JOHN M. BLOODWORTH
220 CONGRESS PARK DRIVE
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPASD
PATRICK DOYLE
220 CONGRESS PARK DRIVE
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
ROBERT J. MARAIST
220 CONGRESS PARK DRIVE
DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. MARAIST 4/24/02

Date:

(561) 266 0860

CR2E034B (12/01)