

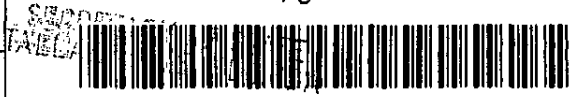
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 239481

1. Entity Name
PALM BEACH STEAMSHIP AGENCY, INC.

Principal Place of Business: 158 "B" EAST PORT RD. RIVIERA BEACH FL 33404
Mailing Address: 158 "B" EAST PORT RD. RIVIERA BEACH FL 33404

FILED
00 OCT 16 AM 11:18



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-0942054** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**GILSON, JONATHAN S.
158 "B" EAST PORT RD.
12276-55TH RD N
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: *Jonathan S. Gilson* **JONATHAN S. GILSON** 10-12-00
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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	VP	<input type="checkbox"/> Delete
NAME	PULLARA, FRANK	
STREET ADDRESS	158 B E. PORT RD.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAWYER, ROSWELL	
STREET ADDRESS	158 B EAST PORT RD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BETHEL, WAYNE	
STREET ADDRESS	158 B EAST PORT RD.	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILSON, JONATHAN	
STREET ADDRESS	158 B EAST PORT RD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003441392--0	
STREET ADDRESS	-10/26/00--01115--020	
CITY-ST-ZIP	****750.00 ****750.00	
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		
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: *Jonathan S. Gilson* **SIGNATURE REQUIRED** 9-29-00 561-844-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 21:034 (5/00)