2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)								FILED					
DOCUMENT # G88802 1. Entity Name B. S. T. MARINE, INC.							May 02, 2001 8:00 am Secretary of State 05-02-2001 90088 035 ***150.00						
					<u> </u>								
Principal Pla	ce of Busines	s	Mailing Address	Mailing Address									
2109 E. PALM AVESTE.#305 TAMPA FL 33605			2109 E. PALM AVESTE.#305 TAMPA FL 33605										
	·										Bil 8(8): 1861		
2. Principal Place of Business 1404 Buchool CT			3. Mailing Address P.O. Box 59237										
Suite, Apt			Suite, Apt. #, etc.		<u> </u>			DO	NOT WRITE IN T	HIS SPACE			
City & State BRAWLAON FORIDA			City & State TAMPA, FORIDA				4. FEI Number 59-2377620 Applied For Not Applicable						
33510 Country USA		Zip Count 33689 U		.S.A	5. Certificate of			Desired	\$8.75 Ac Fee Requir				
	6. Name	and Address of Current	Registered Agent						of New Registe	red Agent		1	
D) (T	- TON DETER	- , .						BUT		·- ~			
2109		VE. STE.#305			Street A	ddress (P.C	D. Box Num	ber is Not A	cceptable)				
ГАМ	PA FL 3360	5							·]	
					CityB	RAWD	140 <u>-</u>	-		FL Zip Coo	<u>510</u>		
8. The above	named entity	submits this statement fo	r the purpose of changing its i	egistere	ed office or	registered	agent, or b	ooth, in the S	State of Florida.				
SIGNATURE	Signature typed	or printed name of registered agent a	PETER 1.			ure required who	Do coincipling)		4.2	5.01			
O This pare						_ `	en reinstating)				-	-	
Tax filing	_	ble to satisfy its Intangible and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	1 Fee	will be \$5	50.00	1		npaign Financing Contribution)0 May Be d to Fees		
11.		OFFICERS AND	DIRECTORS	12.			ADDITION	S/CHANGE	S TO OFFICERS	AND DIRECTOR	S IN 11	_	
TITLE	P		☐ Delete	TITLE						🔀 Change	Addition	000	
NAME STREET ADDRESS CITY-ST-ZIP		oger Eion Almave. S 305	STI		: Et address :St-zip		2701 FAIRWAY VIEW) VALRICO FL 33591			. 18			
TITLE	٧		☐ Delete	TITLE			_		<u></u>	Change	Addition	CRZEC	
NAME STREET ADDRESS	BUTTON, I		•	NAME	T ADDRESS	1404	BUC	മാധ	COURT				
CITY-ST-ZIP	Z109 E. PA	ALMAVE. S 305			ST-ZIP	BRAN	7720	FL	33510			}	
TITLE	ST		☐ Delete	TITLE						☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		MERS HOLWOOD PK	· ~~		T ADDRESS ST-ZIP	_ , 		-		۽ جيسي	F		
TITLE	FARNBUH	OUGH, KENT	Delete	TITLE				<u></u>		☐ Change	Addition		
NAME STREET ADDRESS				NAME									
CITY-ST-ZIP					ST-ZIP								
TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP				STREE	T ADDRESS ST-ZIP								
TITLE	М	*18(*	☐ Delete	TITLE						☐ Change	Addition		
NAME STREET ADDRESS				NAME STREE	T ADDRESS						I	ĺ	
CITY-ST-ZIP					ST-ZIP			_					
indicated of the corp	on this report poration or the	or supplemental report is receiver or trustee empo	this filing does not qualify for t true and accurate and that my wered to execute this report a ith all other like empowered.	/ signati	ire shall ha	ave the sam	e lenal effe	ect as if mar	le under oath: th:	at Lamian officer	or director		

4.25.01

813-684-9434

Daytime Phone #