

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90139 037 \*\*\*150.00

**DOCUMENT # P01000111973**

1. Entity Name  
**ASK SHIPPING, INC.**

Principal Place of Business <b>C/O LISA A. LANDY          ONE SE 3RD AVENUE 28TH FLOOR          MIAMI FL 33131</b>	Mailing Address <b>C/O LISA A. LANDY          ONE SE 3RD AVENUE 28TH FLOOR          MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3211 PONCE DE LEON BLVD.</b>	3. Mailing Address Suite, Apt. #, etc. <b>SUITE M</b>	4. FEI Number <b>75-2976887</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>CORAL GABLES, FLORIDA</b>	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33134</b>	Country <b>U.S.A.</b>	Zip	Country

6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC.          ONE SE 3RD AVENUE 28TH FLOOR          MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D/C	<input type="checkbox"/> Delete NAME <b>LEGANGER, STEINAR</b> STREET ADDRESS <b>N-6240 ORSKOG</b> CITY-ST-ZIP <b>NORWAY</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D/P	<input type="checkbox"/> Delete NAME <b>BRUNGOT, STAAL</b> STREET ADDRESS <b>P.BOX 5107 LARSGARDEN</b> CITY-ST-ZIP <b>N-6021 ALESUND</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D/VP/S	<input type="checkbox"/> Delete NAME <b>SKINNES, ARNT (CAPT.)</b> STREET ADDRESS <b>N-6065</b> CITY-ST-ZIP <b>ULSTEINVIK</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete NAME <b>ROMVETT, GUNNAR (CAPT.)</b> STREET ADDRESS <b>N-3864 RAULAND</b> CITY-ST-ZIP <b>RAULAND</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete NAME <b>FLADMARK, ERIK</b> STREET ADDRESS <b>NEDRE BOGNESET 13</b> CITY-ST-ZIP <b>6016 AALESUND</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:** **CAPT. ARNT SKINNES, VICE PRESIDENT** 4/17/02 (786) 924 3904

CR2E034 (9/01)