2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10114

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State

AMERICAN TANK & VESSEL, INC.				01-13-2003 90821 002 *** 130.00	
1005 GOVERNMENT ST. PO		Mailing Address PO BOX 910 MOBILE AL 36601		() 1884/1987 (1881 1881) (1884 (I SISI SISI! SISI! SISI! SISI! SISI! SISI! SISI!
2. Principa	al Place of Business	3. Mailing Address			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES	
				4. FEI Number 63-0830023	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
——	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Re	
CT COP	PORATION SYSTEM		Name	•	
	PINE ISLAND ROAD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
			<u> </u>		
PLANIA	TION FL 33324				
			City		Zip Code
8. The abo	ve named entity submits this statement	for the purpose of changing	its registered office or regi	istered agent, or both, in the State of Flori	FL
the oblig	ations of registered agent.	, ,	no registros emos or regi	atered agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE	= <u></u>				
ř					
;	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registered Agent signature req	uired when reinstating)	DATE
;		ent and title if applicable. (N	OTE: Registered Agent signature req	uired when reinstating)	DATE
्व Aft Make Ched	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department	0	OTE: Registered Agent signature req	9. Election Campaign Final Trust Fund Contribution.	
a Aft Make Ched 10.	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department	0 of State	OTE: Registered Agent signature req	9. Election Campaign Final Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees
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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 10 or Block 11 if

SIGNATURE:

W. SICCOLES, LOEOE RECWIREGIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/03 Date

(251) 432-8265

Daytime Phone #