## **FILED**

03-24-2003 90175 030 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P99000078795

DOCUMENT #

1. Entity Name VESSEL CORP



828 FORFET CRICLE SUITE A110 DELRAY BEACH R. 33444  2. Principal Place of Business  Suite. Apr. #, etc.  Suite. Apr. #, etc.  Suite. Apr. #, etc.  Suite. Apr. #, etc.  City & State  Ci	VESSEL !	OORF,							
Suite, Apt. V. etc.   City & State   City & City & State   City & City & State   City & City & City & City & State   City &	825 EGRET CIRCLE. SUITE A110 825 EGRET CIRCLE. SUITE								
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City & State  Ci	2. Principal F	Place of Business	3. Mailing Address						
So Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING	CHANGES	
Secretificate of Status Desired   Secretificate   Secret	City & State		City & State			4.	FEI Number <b>65-0952503</b>		
Street Address of Name and Address of New Registered Agent   Name	Zip	Country	Zip	Countr	ry	5. (	Certificate of Status Desired	<b>\$8.75</b> Ad	ditional
ECHEVERRY, OSCAR  825 EGRET CIR. SUITE A110  DELRAY BEACH FL 33444  City FL Zip Code  6. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both in the State of Florida. I am familiar with, and accept the obligation of registered agent.  SIGNATURE  SI		6. Name and Address of Current Re	egistered Agent	1		7. 1		· · · · · ·	
825 EGRET CIR. SUITE A110 DELRAY BEACH FL 33444  City FL Zip Code  8. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Significations of registered agent and the if applicable.  **Chity FL Zip Code  8. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the if applicable to Florida Planta					Name			.9	
DELRAY BEACH FL 33444    City   FL   Zip Code		·	Street Address			(P.O. Box Number is Not Acceptable)			
B. 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. I am familiar with, and accept the obligations of registered agent.  Signatura, lypero or printed name or registered agent and title if applicable.  POTE Registered Appert expensive required when registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE-NOWILI-FEE_IS-\$150.00 acceptance agent and title if applicable.  POTE Registered Appert expensive required when registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the particles and accept the particles and accept the particles.  ITHE NAME  SIGNATURE				-					
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the obligations of registered agent.  SIGNATURE    Signature, typead or primed name of registered agent and title if applicable.   (NOTE Registered Agent dignature required when relocating)   DATE	8. The above	named entity submits this statement for the	he purpose of changing its	s registered	d office or register	red an		familiar with	and accept
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Thereby 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 recepter 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 changed, or on an attachment with all other like empowered.

SIGNATURE:

561 3302503