

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90085 035 ***150.00

DOCUMENT # V 45801

1. Entity Name
SAVOY SHIPPING COMPANY

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business <u>1323 SE THIRD AVENUE</u> Suite, Apt. #, etc		3. Mailing Address <u>1323 SE THIRD AVENUE</u> Suite, Apt. #, etc	
City & State <u>FORT LAUDERDALE, FL</u>		City & State <u>FORT LAUDERDALE, FL</u>	
Zip <u>33316</u>	Country <u>U.S.</u>	Zip <u>33316</u>	Country <u>U.S.</u>

4. FEI Number 65-0341157 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOVING, JACK R.
1323 SE THIRD AVENUE
FORT LAUDERDALE, FL 33316

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 _____ (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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 <u>PD</u>	<input type="checkbox"/> Delete
NAME <u>PHIPPS, PATRICIA BURDINE</u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u>S</u>	<input type="checkbox"/> Delete
NAME <u>BATES, BRETTE B</u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u>T</u>	<input type="checkbox"/> Delete
NAME <u>HOOTON, ZADA DUTTON</u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <u>1323 S.E. THIRD AVENUE</u>	
CITY-ST-ZIP <u>FORT LAUDERDALE, FL 33316</u>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <u>1323 S.E. THIRD AVENUE</u>	
CITY-ST-ZIP <u>FORT LAUDERDALE, FL 33316</u>	
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: PATRICIA B. PHIPPS MARCH 31, 2000 828 452 7861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)