## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 10, 2002 8:00 am Secretary of State **DOCUMENT # N04837** 1. Entity Name AMERICAN MERCHANT MARINE VETERANS, INC. 05-10-2002 90023 003 \*\*\*\*70.00 Principal Place of Business Mailing Address 1210 LAFAYETTE ST PO BOX 151205 SUITE 202 SUITE 202 CAPE CORAL FL 33904 CAPE CORAL FL 33915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0021362 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERRY, CALVIN Street Address (P.O. Box Number is Not Acceptable) 1946 SE 36TH TERRACE SUITE 202 City CAPE CORAL FL 33904 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. CALVIN G. BERRY 4/18/02 **SIGNATURE** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) TITLE TITLE Delete ☐ Addition P/D NAME,, O'CONNOR, JOHN W NAME CAP, HENRY "HANK" STREET ADDRESS 1210 LAFAYETTE ST STREET ADDRESS 550 OAK AVENUE CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP BOHEMIA, NY 11716-4905 S/D TITLE ☐ Delete TITLE BREAZ, JOHN NAME NAME 5013 SAXONY-CT-STREET ADDRESS STREET ADDRESS CITY-ST-7IP Cape Coral FL 33904 CITY-ST-ZIP מד TITLE ☐ Delete TITLE Change ☐ Addition BERRY, CALVIN NAME NAME STREET ADDRESS 1946 SE 36TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVINGABERRY REQU

SIGNATURE AND TYPED OR PRINTED NAME OF