

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90560 005 ***150.00

DOCUMENT # F97000002454

1. Entity Name

CONSHIP CONTAINERLINES INC.

Principal Place of Business

**208 GOLDEN OAK COURT - STE. 200
 VIRGINIA BEACH VA 23452**

Mailing Address

**208 GOLDEN OAK COURT - STE. 200
 VIRGINIA BEACH VA 23452**

433195



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 E. Jackson

3. Mailing Address

401 E. Jackson

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. #, etc.

Suite 1500

City & State

Tampa, FL 33602

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

13-2852634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V.** ☒ Delete
 NAME **WILSON, JEANNE**
 STREET ADDRESS **208 GOLDEN OAKS COURT**
 CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **MILITELLO, RON**
 STREET ADDRESS **208 GOLDEN OAK COURT**
 CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **ZIMMERLY, JOHN P**
 STREET ADDRESS **208 GOLDEN OAK COURT**
 CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **HANAWALT, JOHN B**
 STREET ADDRESS **208 GOLDEN OAK COURT**
 CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **SPEALEMAN, JOHN P**
 STREET ADDRESS **208 GOLDEN OAK COURT**
 CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE ☒ Change ☐ Addition
 NAME **SPEAKMAN, JOHN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034 (9/01)