

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013101 AT

DOCUMENT # A94000000474

1. Entity Name
SEA-BULK LTD.



FILED
03 JAN 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
3106 CENTRAL DR.
PLANT CITY FL 33567

Mailing Address
3106 CENTRAL DR.
PLANT CITY FL 33567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3234188

Applied For

Not Applicable

Zip 33566

Country

Zip 33566

Country

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMAGOST, DONALD
3108 CENTRAL DRIVE
PLANT CITY FL 33567

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$14,850.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000072424
NAME SEA-BULK, INC.
STREET ADDRESS 3106 CENTRAL DR.
CITY-ST-ZIP PLANT CITY FL 33567

STREET ADDRESS

CITY-ST-ZIP

ZIP ONLY 33566

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Donald J Armagost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 1-13-03 Daytime Phone # 813-757-2354

CR2E003 (10/02)