

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

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90097 050 \*\*\*150.00

**DOCUMENT # F01000002102**

1. Entity Name

**AMERICAN OVERSEAS MARINE CORPORATION**



Principal Place of Business

**116 E. HOWARD STREET  
QUINCY MA 02169-8712**

Mailing Address

**116 E. HOWARD STREET  
QUINCY MA 02169-8712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-1273477**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PCD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BISHOP, LELAND B II	244 KING CAESAR ROAD	DUXBURY MA 02332							
	VPVC			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	FOGG, DAVID H	10804 GLEN MIST LANE	FAIRFAX VA 22030							
	TD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	FOGG, DAVID H	10804 GLEN MIST LANE	FAIRFAX VA 22030							
	S			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	HOUSE, MARGARET N	14702 STREAM POND DRIVE	MCLEAN VA 20120							
	AS			<input checked="" type="checkbox"/>		AS			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	KELLEY, DANIEL J	1007 TUCKERS LANE	HINGHAM MA 02043			Kristin L. Fletcher				
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:** *Kristin L. Fletcher* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Assistant Secretary** **3-14-03** **617-376-8433**

CR2E034 (10/02)