2003 FOR PROFIT CORPORATION UNIFORM RUSINESS REPORT (URB)

DOCUMENT # F9500001218 1. Entity Name VESSEL SALES LIMITED CO. Principal Place of Business Mailing Address					FILED 03 APR 15 AM 9: 37 SECRETARY OF STATE FALLAHASSEE, FLORIDA
14 S. SWINSON AVE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444					
2. Principal F	Place of Business NR 6TH AJK	3. Mailing Address			
Suite, Apt.	/	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & Stat	AY BEACH, FL		BRACH,	FL	4. FEI Number 52-2433772 Applied For Not Applicable
Zip 339	Country USA	Zip 33463	Country J J A		5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent
SMITHER, ROBERT M JR 14 S. SWINTON AVE Name W INTZ Street Address (F				ddress (P.	C. Number is Not Acceptable) NE GTH AVE
DELRAY BEACH FL 33444					
City				DELR	
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 WILLIAM R. WINTZER AF 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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D		11		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Worrell, Thomas e Jr 14 S. Swinton Ave Delray Beach Fl 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	255	ELRAY BRACH, FL 37487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREAKLEY, EDWIN M 14 S SWINTON AVE DELRAY BEACH FL 33444	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600K	YKAR, HIMBERLY A, Goldinge WAGGILLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WORRELL, ODETTE A 14 S. SWINTON AVE 2-55 / DELRAY BEACH FL 33444	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition 700016086147 04/15/0301098006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TASD SMITHER, ROBERT M JR 14 S. SWINTON AVE DELRAY BEACH FL 33444	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEL	MARTIN, MARTA NE 6TH AVE AN BRACH, FL 33483
NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE	CLRAY BEACH, FL 33483
indicated	on this report or supplemental report is t	rue and accurate and that m	มเอ องอกคุมอก รเสเ y signature shall h	ave the sa	tion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director

SIGNATURE:

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.

GNATURE:

| Continue | Cont