

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90011 032 \*\*\*150.00

**DOCUMENT # F98000001421****1. Entity Name**  
**T & T SHIPPING SERVICES, INC.****Principal Place of Business**  
2637 SE BIKAS LANE  
PT ST LUCIE FL 34952  
**Mailing Address**  
2637 SE BIKAS LANE  
PT ST LUCIE FL 34952**2. Principal Place of Business**  
232 Bermuda Beach DR  
Suite, Apt. #, etc.  
**3. Mailing Address**  
232 Bermuda Beach DR  
Suite, Apt. #, etc.**City & State**  
FT. Pierce  
**Zip**  
34949  
**Country**  
USA  
**City & State**  
FT. Pierce  
**Zip**  
34949  
**Country**  
USA**4. FEI Number** 11-3206284  
**Applied For**  
☐ Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**  
THOMPSON, REGINA  
2637 SE BIKAS LANE  
PT ST LUCIE FL 34952**7. Name and Address of New Registered Agent**  
**Name** Regina Thompson  
**Street Address (P.O. Box Number is Not Acceptable)**  
232 Bermuda Beach DR  
**City** FT. Pierce **FL** **Zip Code** 34949**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, 2001 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		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	THOMPSON, KEITH		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	63 BARBEY ST. BROOKLYN NY 11207		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	S FERGUSON, THERESA		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	63 BARBEY ST. BROOKLYN NY 11207		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	T THOMPSON, REGINA		<b>STREET ADDRESS</b>	Thompson, Regina	
<b>CITY-ST-ZIP</b>	2637 SE BIKAS LANE PT ST LUCIE FL 34952		<b>CITY-ST-ZIP</b>	232 Bermuda Beach DR FT Pierce FL 34949	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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:** Regina Thompson **2/20/01 (561) 595-3341**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)