

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90122 042 ***150.00

DOCUMENT # F99000000487

1. Entity Name
V. SHIPS AGENCY INC.



Principal Place of Business
**1015 N. AMERICA WAY, SUITE 121
MIAMI FL 33132
US**

Mailing Address
**1015 N. AMERICA WAY, SUITE 121
MIAMI FL 33132
US**



2. Principal Place of Business
**1015 NORTH AMERICA WAY
Suite, Apt. #, etc.
121**

3. Mailing Address
**1015 N AMERICA WAY
Suite, Apt. #, etc.
121**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33132
Country
USA

City & State
MIAMI FL
Zip
33132
Country
USA

4. FEI Number **65-0896061** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JACK B WILLIAMS** **3/31/03**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CRAWFORD, A.S. GATE HOUSE, 1 FARRNIGDON STREET LONDON EC4M 7NS ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, J.P. GATE HOUSE, 1 FARRNIGDON STREET LONDON EC4M 7NS ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, A.N. GATE HOUSE, 1 FARRNIGDON STREET LONDON EC4M 7NS ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JACK B 1330 WEST AVE. #1410 MIAMI BEACH FL 33139 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **JACK B WILLIAMS** **3/31/03** **305 579 9236**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)