

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003057

1. Entity Name

SEA LION SHIPPING OF FLORIDA, LTD., INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90336 037 ***150.00

Principal Place of Business

C/O FSI GLOBAL LOGISTICS, LTD.
1229 OLD WALT WHITMAN ROAD
MELVILLE NY 11747

Mailing Address

C/O FSI GLOBAL LOGISTICS, LTD.
1229 OLD WALT WHITMAN ROAD
MELVILLE NY 11747

2. Principal Place of Business

C/O AMERICAN RIVER LOGISTICS

Suite, Apt. #, etc.

1229 OLD WALT WHITMAN RD.

City & State

MELVILLE, NY

Zip

11747

Country

USA

3. Mailing Address

C/O AMERICAN RIVER LOGISTICS

Suite, Apt. #, etc.

1229 OLD WALT WHITMAN RD.

City & State

MELVILLE, NY

Zip

11747

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3479520

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIGNORILE, THOMAS
6801 WEST 12TH STREET
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

KEENAN, RANDI

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

4103 SPRING GROVE ROAD

City

JACKSONVILLE

FL

Zip Code

32209

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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

TITLE PC
NAME COOK, THOMAS A
STREET ADDRESS 1229 OLD WALT WHITMAN ROAD
CITY-ST-ZIP MELVILLE NY 11747 ☐ Delete

TITLE VC
NAME GULLOTTA, JOSEPH
STREET ADDRESS 1229 OLD WALT WHITMAN ROAD
CITY-ST-ZIP MELVILLE NY 11747 ☐ Delete

TITLE D
NAME FORTE, RICH
STREET ADDRESS 1229 OLD WALT WHITMAN ROAD
CITY-ST-ZIP MELVILLE NY 11747 ☐ Delete

TITLE VP
NAME SIGNORILE, THOMAS
STREET ADDRESS 6801 WEST 12TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32254 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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 ASST. VICE PRESIDENT
NAME KEENAN, RANDI
STREET ADDRESS 4103 SPRING GROVE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 information.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

CR2E034 (10/00)