

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 037 ***150.00

DOCUMENT # F99000005494

1. Entity Name

Americana Ships Limited Co.

Principal Place of Business

C/O LYKES LINES LIMITED, LLC
 401 EAST JACKSON STREET, SUITE 3300
 TAMPA FL 33602

Mailing Address

C/O LYKES LINES LIMITED, LLC
 401 EAST JACKSON STREET, SUITE 3300
 TAMPA FL 33602

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

98-0217188

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

C T 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.

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, 2002 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

TITLE ☒ Delete
 NAME S
 LOGAN, JILL
 STREET ADDRESS CEDAR HOUSE, 41 CEDAR AVENUE
 CITY-ST-ZIP HAMILTON HM 12, BERMUDA

TITLE ☐ Change ☒ Addition
 NAME Director
 NAME Ian Webber
 STREET ADDRESS 60-65 Trafalgar Square
 CITY-ST-ZIP London, WC2N 5DY U.K.

TITLE ☐ Delete
 NAME D
 MILES, RAYMOND R
 STREET ADDRESS CP SHIPS, 60 - 65 TRAFALGAR SQUARE
 CITY-ST-ZIP LONDON WC2N 5DY, U.K.

TITLE ☐ Change ☒ Addition
 NAME CFO
 NAME J.P. Lacasse
 STREET ADDRESS 401 East Jackson Street, Suite 3300
 CITY-ST-ZIP Tampa, FL 33602

TITLE ☒ Delete
 NAME CEO
 NAME HALLIWELL, FRANK
 STREET ADDRESS 401 EAST JACKSON STREET, SUITE 3300
 CITY-ST-ZIP TAMPA FL 33602

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

TITLE ☐ Delete
 NAME PD
 NAME NEWTON, WILLIAM
 STREET ADDRESS CEDAR HOUSE, 41 CEDAR AVE
 CITY-ST-ZIP HAMILTON HM12, BERMUDA

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

TITLE ☐ Delete
 NAME VPD
 NAME MORRIS, A. SHAUN
 STREET ADDRESS CEDAR HOUSE, 41 CEDAR AVE
 CITY-ST-ZIP HAMILTON HM 12, BERMUDA

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

TITLE ☒ Delete
 NAME VPO
 NAME MURRAY, JOHN W
 STREET ADDRESS 401 E. JACKSON ST., STE 3300
 CITY-ST-ZIP TAMPA FL 33602

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

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:

J.P. Lacasse
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)