2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN 17 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005494

1. Entity Name
AMERICANA SHIPS LIMITED CO.

Principal Place of Business	Mailing Address
C/O LYKES LINES LIMITED, LLC 401 EAST JACKSON STRET, SUITE 3300 TAMPA FL 33602	C/O LYKES LINES LIMITED, LLC 401 EAST JACKSON STRET, SUITE 3300 TAMPA FL 33602

06/04/03 90001 017 $550.00

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBBER, IAN 60-65 TRATALGA SQUARE LONDON, WC2N 5DY UK	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV James, Stephen S. 41 Cedar Avenue Hamilton HM 12, Bermuda	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILES, RAYMOND R CP SHIPS, 60 - 65 TRAFALGAR SQUARE LONDON WC2N 5DY, U.K.	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCFO LaCasse, James P. 401 E. Jackson Street, Ste. 3300 Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD HALLIWELL, FRANK 401 EAST JACKSON STREET, SUITE 3300 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Torrens, Iain 62-65 Trafalgar Square London, WC2N 5DY, UK	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEWTON, WILLIAM CEDAR HOUSE, 41 CEDAR AVE HAMILTON HM12, BERMUDA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Murray, John 401 E. Jackson St., Ste 3300 Tampa, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MORRIS, A. SHAUN CEDAR HOUSE, 41 CEDAR AVE HAMILTON HM 12, BERMUDA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO LACASSE, J.P. 401 E. JACKSON ST.,STE 3300 TAMPA FL 33602	☐ Delete	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: James P. LaCasse CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

040411 AV