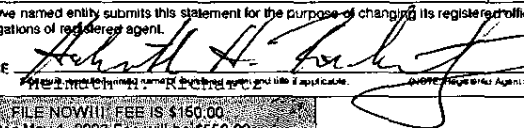
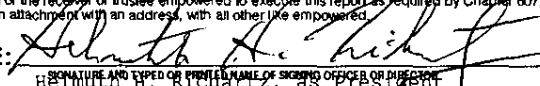


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90140 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G96311			
1. Entity Name AMERICAN SEA PRODUCTS, INC.			
Principal Place of Business 603 -1ST AVE S. TIERRA VERDE, FL 33715		Mailing Address 603 -1ST AVE S. TIERRA VERDE, FL 33715	
2. Principal Place of Business 2904 Chancery Lane Suite, Apt. #, etc.		3. Mailing Address 2904 Chancery Lane Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33759	Country	Zip 33759	
4. FEI Number 59-2394791		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RICHARTZ, HELMUTH H. 603 -1ST AVE S. TIERRA VERDE, FL 33715		7. Name and Address of New Registered Agent Name Richartz, Helmuth H. Street Address (P.O. Box Number is Not Acceptable) 2904 Chancery Lane City Clearwater FL Zip Code 33759	
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  DATE 4/27/03			
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	PSTD RICHARTZ, HELMUTH H. 603 -1ST AVE S. SAINT PETERSBURG, FL 33701 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Richartz, Helmuth H. 2904 Chancery Lane Clearwater, FL 33759 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 life empowered.			
SIGNATURE:  DATE 4/27/03 727/669-5646		Daytime Phone #	

11030018



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)