2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J65589**

1. Entity Name

NORTH AMERICAN SHIP HOLDING CO., INC.

Principal Place of Business

Mailing Address

6308 N DAVIS HWY PENSACOLA FL 32504 3901 HWY 24 BOURG LA 70343 FILED Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90159 049 ***150.00

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2. Principal Place of Business		3. Mailing Address		7) (1941) C 1916 (1916) (1919) (1919) (1919) (1919) (1919) (1919) (1919) (1919) (1919) (1919) (1919)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRITE IN TH	IS SPACE		
City & State		City & State		4. FE	Number 59-2797553	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5 . Ce	rtificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent				
PEREZ, DONNA D. 4255 ROMMITCH LANE PENSACOLA FL 32504			Name	Name				
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filling r	ration is eligible to satisfy its Intangible equirement and elects to do so ia on back)	After MAY 1, 20	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.		0 May Be I to Fees	
			12.	ADDI	TIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, DONNA D. 4255 ROMMITCH LANE PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 11	9 07(3)(i) Florida Statutae I fumbor	Certify that the in	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 like empowered.

SIGNATURE:

ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

3-19-01 5048579275

Daytime Phone #