

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90082 013 ***158.75

DOCUMENT # K36387

1. Entity Name
GREAT WESTERN STEAMSHIP COMPANY



Principal Place of Business
3910 RCA BLVD.
SUITE 1015
PALM BEACH GARDENS FL 33410
US

Mailing Address
3910 RCA BLVD.
SUITE 1015
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business
18245 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
18245 SE Federal Hwy
Suite, Apt. #, etc.

City & State
Tequesta, FL

City & State
Tequesta, FL

4. FEI Number **65-0082099**

Applied For
Not Applicable

Zip
33469

Country
Martin

Zip
33469

Country
Martin

5. Certificate of Status Desired **XX** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGOE, JOHN G.
250 ROYAL PALM WAY
PALM BEACH FL 33480

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DALE, RHYS WILLIAM**
STREET ADDRESS **RCA BLVD STE 1015**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DPT** ☒ Change ☐ Addition
NAME **Dale, Rhys William**
STREET ADDRESS **18245 SE Federal Hwy**
CITY-ST-ZIP **Tequesta, FL 33469**

TITLE **PTS** ☒ Delete
NAME **DALE, R. WILLIAM**
STREET ADDRESS **3910 RCA BLVD STE 1015**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **SD** ☐ Delete
NAME **DALE, LESLIE L**
STREET ADDRESS **3910 RCA BLVD STE 1015**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DS** ☒ Change ☐ Addition
NAME **Dale, Leslie**
STREET ADDRESS **18245 SE Federal Hwy**
CITY-ST-ZIP **Tequesta, FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

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: DALE, RHYS WILLIAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 #561-747-8888

Date

Daytime Phone #

CP2E034 (10/02)