2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L07355 DOCUMENT

1. Entity Name

MOTOR VESSEL GULF RANGER, INC.



Apr 14, 2003 8:00 am Secretary of State **FILED**

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2. Principal Piece of Business												
2. Procopal Place of Business 1. Mailrop Address 5. Sollo, Apt. 1, eds. 5. Country 7. Sollo PORT ST. JOE, FLORIDA 7. Name and Address of Current Registered Agent 8. Fine abcordance and Address of Current Registered Agent 8. Name 8. Fine abcordance and Address of Current Registered Agent 8. Name 8. Name and Address of Current Registered Agent 8. Name 8. Name 7. Name and Address of New Registered Agent 8. Name 8. Name Address of O. Box Number is Next Acceptable) 8. The abcordance and Address of O. Box Number is Next Acceptable) 8. The abcordance and Address of Or Box Number is Next Acceptable) 8. The abcordance and Address of Or Box Number is Next Acceptable) 8. The abcordance and Address of Or Box Number is Next Acceptable) 8. The abcordance and Address of Or Box Number is Next Acceptable) 8. The abcordance and Address of Post Acceptable) 8. The abcordance and Address of Or New Registered Agent 8. The abcordance and Address of Post Number is Next Acceptable) 8. The abcordance and Address of Post Number is Next Acceptable) 8. The abcordance and Address of New Registered Agent 8. The abcordance and Address of New Registered Agent 8. The abcordance and Address of New Registered Agent 8. The abcordance and Address of New Registered Agent 8. The abcordance and Address of New Registered Agent 8. The abcordance and Address of New Registered Agent 8. The abcordance and Address of New Registered Agent 8. The abcordance and Address of New Registered Agent 8. The Acceptable is Next Acceptable in New Acceptab												
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Street Address (P.O. Box Number is Not Acceptable) RAFFIELD, WILLIAM HAROLD CANAL STREET HIGHLAND VIEW PORT ST JOE FL FL 32456 The above need entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept ne obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept needs (P.O. Box Number of Florida. I am familiar with, and accept needs (P.O. Box Number of Florida. I am familiar with, and accept needs (P.O. Box Number of Policy Number of Robinson Number of Robinson Number of Robinson								. FEI Numbe	59-3060248		<u> </u>	
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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:

William harold raffield 01/31/03

(850) 229<u>-</u>8229