

2004
**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90002 040 ***150.00

DOCUMENT # M64164

1. Entity Name
SHELL POINT MARINE CORPORATION



Principal Place of Business
**52 LOWELL RD Garney Rd.
 BOX 84 Wakefield, NH
 WINDHAM NH 03097
 US**

Mailing Address *C/o Mary Mackillop*
**P.O. BOX 657
 SANBORNVILLE NH 03872**

2007301
Mary Mackillop

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 59-2872114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARIS, DEBORAH M. 100 S. ASHLEY DR. TAMPA FL 33602		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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, ALAN 5 SOUTH KILBY STREET GLOUCESTER MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACKILLOP, MARY 5 S. KILBY STREET GLOUCESTER MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACKILLOP, MARY P.O. Box 657, (87 Garney Rd) Brookfield, NH 03872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

Attachment
M64164
44007361

PO Box 657
Brookfield, NH 03872
February 1, 2004

Florida Dept of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

RE: Shell Point Marine Corporation
Document number M64164
FEI number 59-2872114

To Whom It May Concern,

I am sending this information for my 2004 Uniform Business Report because I will be out of the country when it is due. Attached is a copy of my Report – all information is the same as 2003. Also attached is my check for \$150.

I will return in March, 2004 if you have any questions.

Thank you.

Mary MacKillop
Sincerely,

Mary MacKillop