

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34142

1. Entity Name

CHRISTIAN OVERSEAS SHIPPING, INCORPORATED

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90143 041 ****70.00

Principal Place of Business

652 MOUNTAIN WAY AVE.
 DELTONA FL 32738
 US

Mailing Address

P.O. BOX 523
 OSTEEN FL 32764
 US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLAUME, DAVID A
 652 MOUNTAIN WAY AVE.
 DELTONA FL 32738

7. Name and Address of New Registered Agent

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.

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 \$61.25~~
 After September 13, 2000 min. will be \$236.25

~~9. Election Campaign Financing~~
 trust Fund Contribution.

~~\$5.00 May Be~~
 Added to Fees

~~Make Check Payable to~~
 Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VILLAUME, DAVID A
 CITY-ST-ZIP 652 MOUNTAIN WAY AVE.
 DELTONA FL 32738

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VILLAUME, MARK L
 CITY-ST-ZIP 733 MORRILL ST.
 GILFORD NH

TITLE ☐ Delete
 NAME D
 STREET ADDRESS AUGER, CHRISTOPHER T
 CITY-ST-ZIP 652 MOUNTAIN WAY AVE.
 DELTONA FL 32738

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Villaume
 David A. Villaume

Date

30 AUG 2000

Daytime Phone #

407-532-2874

CR2E037 (5/00)