2001 UNIFORM BUSINESS REPORT (UBR)

Aug 17, 2001 8:00 am Secretary of State DOCUMENT # P00000026528 1. Entity Name 08-17-2001 90004 037 ***550.00 INTERNATIONAL OCEAN SHIPPING CONTRACTS, INC. Principal Place of Business Mailing Address 9170 TARLTON CIR. 9170 TARLTON CIR. **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59 36 49 295 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTTERS, FRANK E Street Address (P.O. Box Number is Not Acceptable) 9172 TARLTON CIR. **BROOKSVILLE FL 34613** City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President ☐ Delete TITLE Addition CR2E034 (5/01 Frank E Butters NAME NAME STREET ADDRESS STREET ADDRESS 9170 TARLETON CO CITY-ST-ZIP CITY-ST-ZIP Brooksville 71 34613 TITLE Delete TITLE Sec-Trus ☐ Change Addition KAY E Butters NAME NAME 9170 TARICTON CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Brossesville 71 34612 TITLE ☐ Delete ☐ Change ☐ Addition NAME ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 disposered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGN