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2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P00000041434  1. Entity Name ONISASHE'S SHIPPING, INC.				FILED Aug 08, 2001 8:00 am Secretary of State  05-04-2001 90166 012 ***150.00 08-08-2001 90012 018 ***400.00		
Principal Place of Busines 2257 BLUE SPRUCE WAY TAMPA FL 33604	SS	Mailing Address 2257 BLUE SPRUCE WAY TAMPA FL 33604	M	rad(5122		
2. Principal Place of Busi	iness	3. Mailing Address				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. FEI Number 37/8559-14	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Nam	e and Address of Current Re	egistered Agent	<del></del>	7. Name and Address of New Registered	Fee Required	
			Name			
HOOKER, ONIS 2257 BLUE SPRUCE	WAV	and the state of the state of	Street Addres	s (P.O. Box Number is Not Acceptable)		
TAMPA FL 33604	WAT					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City		Zip Code	
8. The above named enti-	ity submits this statement for t	he purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida.	-	
SIGNATURE ON Signature, type	d or printed name of registered agent and gible to satisfy its Intangible and elects to do so.	d title if applicable. (NOTE:	Registered Agent signature requirements 1 FEE IS \$550.00 2001 Fee will be \$75	stered agent, or both, in the State of Florida.  08/03  DATE  10. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
SIGNATURE Signature, type  9. This corporation is eliq Tax filing requirement	d or printed name of registered agent and gible to satisfy its Intangible and elects to do so.	FILE NOW!! After September 12, Make Check Payabl	Registered Agent signature requirements I FEE IS \$550.00	stered agent, or both, in the State of Florida.  08/03  DATE  10. Election Campaign Financing  Trust Fund Contribution	Added to Fees	
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NAME

STREET ADDRESS

CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ON 15 13 - 933 27449

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Dat

NAME

STREET ADDRESS

CITY-ST-ZIP

2001 UNIFORM BUS OCUMENT # P0000 Entity Name			7 Ut	TUCINI.	171 L	XXI	,
ONISASHE'S SHI	PPING, IN	e.	PO	<u> </u>	<u> 1140</u> 202	-	
ncipal Place of Business DNISASHE'S SHIPPI 2257 BLVE SPRUCE				カロド			
TAMPA FLA. 3	•		_		·		
Principal Place of Business 5 Am E	3. Mailing Address SAME						
Suite, Apt. #. etc.	Suite, Apt. #. etc.		<u> </u>	DO NOT WI	RITE IN THIS SF	PACE	
City & State	City & State		4. FEI Nu		-14221		plied For LApplicable
Country Country	Zip	Country	5. Certific	rate of Status Desired		8.75 Add	
6. Name and Address of Currer			7. Name	and Address of New			
DNIS A HOOKE 2257 BLUE SPRI	R	Name				··	
2257 BLUE SPRI	VEWAY	Sirect Address	(P.O. BOX NU	mber is Not Acceptal	DIE)		
TAMPA FLA	33604	City				T Zip Code	
					FL	240000	
	ZMIS MITTON	s registored officer or regist ON 13 19 or regist 16 Stophilored April Signature make			14/20	001	
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