**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Apr 15, 2003 8:00 am Secretary of State P00000087786 **DOCUMENT #** 04-15-2003 90090 043 \*\*\*150.00 1. Entity Name ATLANTIC SALVAGE, INC. Principal Place of Business Mailing Address 4811 MARTINQUE CT. 4811 MARTINQUE CT. AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 54-1405465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAMANS, TRUEMAN L Street Address (P.O. Box Number is Not Acceptable) **4811 MARTINIQUE CT** AMELIA ISLAND FL 32034 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or or nited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete Change NAME SEAMANS, TRUEMAN L NAME STREET ADDRESS **4811 MARTINIQUE CT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND FL 32034 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME SEAMANS, ANDRONIKE K STREET ADDRESS STREET ADDRESS **4811 MARTINIQUE CT** CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND FL 32034 TITLE Delete, TITLE Change \_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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