FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT-(UBR)

FILED Jul 04, 2002 8:00 am Secretary of State

06-06-2002 90085 002 ***150.00

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DOCUMENT # 1. Entity Name	P01000047668	

AMERICAN OFFSHORESINDUSTRIES, INC.

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DO	NOT WRITE	IN THIS SI	PAC	Ē.				,	
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2. Principal Place of Business 159 EAST 11th STREET 3. Mailing Address 159 EAST 11th		h SI	REET	37745					
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State JACKSONVII	LE, FL	JACKSONVILLE	, FL		4. FEI Number 59-371846	8		Applied For Not Applicable	
32206	Country USA	^{Zio} 32206	Count USA		5. Certificate of Statu	s Desired	-	75 Additional Required	
			199	Name	7. Name and Address	of Current Re	gistered Age	ints	
The state of	DO NOT W	DITE		TRA	CY NIX-BYR				
	CONTRACTOR OF THE CONTRACTOR AND	the state of the s	· · ·	Street Address (F 159 EAS	P.O. Box Number is Not T 11th STR	Acceptable) EET			
第二十二十二	INTHIS SE	AUE:					"		
				City JACK	SONVILLE		FL Z	Zlp Code 32206	
8. The above named	entity submits this statement for	the purpose of changing its	registere	d office or registere	ed agent, or both, in the	State of Florid	a.		
SIGNATURE:	Day My	- Bush		RACY 1	IN-BYRD		10/21	e/bZ	
Skynutore, typed or printed reme of registered agent and life applicable (NOTE: Registered Agent signature required when reinstating) DATE On This personation is alligible agriculture and the applicable (NOTE: Registered Agent signature required when reinstating)									
Tax filling requirem	eligible to satisfy its Intangible ent and elects to do so.	After May	1 Fee is	\$550.00 CTU. \$61.2574 PC	10. Election Ca Trust Fund	impalgn Financ	cing 🗆	\$5.00 May Be Added to Fees	
(See criteria on ba	OFFICERS AND I	Make Check Payab		partment of Stat		***********	a valoriation.	and confident attention to the court to	
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NAME - STREET ADORESS	•		NAME	TADDRESS 3.4	an Straight Pa	90 5/4/04	2年300%	1150473	
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TITLE	<u> </u>		- Anne			THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN	PERSONAL PROPERTY.	NECESTRA NECESTRA	

STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE & 7 TITLE INTHIS SPACE NAME STREET ADDRESS CITY STEZIP 1 NAME STREET ADDRESS CITY-ST-ZIP TIDLE TANAL NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST; ZIP TITLE NAME TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

TRACY NIX-BYRD

(904) 241-2\$33

Daytime Phone #