

6/6/

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

06-06-2002 90085 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # P01000047668

1. Entity Name
AMERICAN OFFSHORES INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
159 EAST 11th STREET

3. Mailing Address
159 EAST 11th STREET

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32206

Country
USA

Zip
32206

Country
USA

37745

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718468

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
TRACY NIX-BYRD

Street Address (P.O. Box Number is Not Acceptable)
159 EAST 11th STREET

City
JACKSONVILLE

FL

Zip Code
32206

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: *Tracy Nix-Byrd* **TRACY NIX-BYRD** *6/5/02*

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 Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NIX-BYRD, TRACY 159 EAST 11th STREET JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Tracy Nix-Byrd* **TRACY NIX-BYRD** *6/5/02* **(904) 241-2533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)