


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-26-2003 90025 002 \*\*\*150.00

DOCUMENT # P01000047668  
1. Entity Name  
AMERICAN OFFSHORE INDUSTRIES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1721 EGNER STREET  
Suite, Apt. #, etc.

3. Mailing Address  
1721 EGNER STREET  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE, FL  
City & State JACKSONVILLE, FL  
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)  
1721 EGNER 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T TRACY NIX-BYRD 1721 EGNER STREET JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S PATRICIA CHRISTENSON 1721 EGNER STREET JACKSONVILLE FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Nix-Byrd TRACY NIX-BYRD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 8/24/03 904 599-5120  
Date Time Phone #

CR2E034B (12/02)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

Attachment #

80141128

P01000047668

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
www.triplechecktax.com

August 21, 2003

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report  
Document #P01000047668; American Offshore Industries, Inc.

Dear Sir/Madam,

Please see the enclosed Uniform Business Report form for our client listed above. We are requesting that you accept her application and payment of \$150.00, for the year 2003.

Mrs. Nix-Byrd, President of the above Corporation, did not receive her report for the referenced periods. Upon our annual review of her account along with your web site, it was determined that she had not filed the Uniform Business Report for the current year. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

*Heather Copeland*

Heather Copeland

Enclosures: Uniform Business Report  
Check: #2613