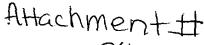
## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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

DQCUMENT # P01000047668						08-26-2003 90025 002 ***150.00			
1. Entity Nan		A							
AMEI	RICAN OFFSHORE IND	USTRIES. I	NC.	A RANGE	<b>(2)</b>				
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		<del></del>	<u> </u>						
DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business 3. Mailing Address									
1721 EGNER STREET 1721 EGNER S				TREET					
Suite, Apt. #, etc. Suite, Apt. #, etc.			C.			DO NOT WRITE IN THIS SPACE			
City & State City & State					4. F6	4. FEI Number Applied For			
JACKSC	NVILLE, FL	JACKSONV	JACKSONVILLE, FL			59-3718468 Not Applicable			
Zip Country Zip			Country		5. Ca	ertificate of Status Desired		Additional	
32206	USA	32206	USA	<u> </u>	7 Nam	and Address of Current Projetore	Fee Re		
يدند. ب	e e e e e e e e	7. Name and Address of Current Registered Agent Name TRACY NIX-BYRD							
DO NOT WRITE IN THIS SPACE									
				Street Address (P.O. Box Number is Not Acceptable)					
				1721 EGNER STREET					
						<u> </u>	Zin	Code	
8. The above named entity submits this statement for the purpose of changing its regi				City JACK			- 32	2206	
	tions of registered agent.	the purpose of chan	iging its registere	ea onice or regi	stered agei	nt, or both, in the State of Hotida. I am	amiliar v	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent or	ed time if arredicable	/M/TF: Benistere	d Agent signature red	icted when tolo	sation) DATE			
. Ja	nuary 1 - May 1 Fee is \$150.00		MOTE. TONIBLE	e rigent agricultario rec	aros migricos				
	After May 1, Fee is \$550.00 Amended UBR is \$61.25	. [				Selection Campaign Financing     Trust Fund Contribution.      Contribution.		55.00 May Be	
Make Check	Payable to Florida Department of S	State				Hust Cond Confidences, C	4 د	dued to rees	
10.	OFFICERS AND D	DIRECTORS							
TITLE			TITLE	1				CR2F034B (12/09)	
NAME STREET ADDRESS	TRACY NIX-BYRD		NAMI stree	ET ADDRESS	ACIDRESS		15		
CITY-ST-ZIP	I I Z I EGNER STREET .			-ST-ZP				34B	
Title			TITLE						
HAME:	PATRICIA CHRISTENSON					• •			
STREET ADDRESS	1721 EGNER STREET			ET ADDRESS	•				
CITY-SI-ZIP	IACKSONVILLE EL 32206			-ST-ZIP				<u>`</u>	
TITLE NAME			TITLE NAME	į		•		}	
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TITLE			TITLE						
NAME :			NAME						
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	certify that the information supplied with t	his filing does not a			Section 42	0.07(2\6) Florido Statutas 14.45-	e16. e en	the information	
of the cor	on this report or supplemental report is to reporation or the receiver or trustee emporal nt with an address, with all other like emporal ontwith an address, with all other like emporal to the control of the cont	rue and accurate an wered to execute th	id that my signat	ure shall have t	he same le	dal effect as if made under path: that Li	am an of	ficer or director	





320 Osceola Avenue Jacksonville Beach, FL 32250

Phone 904/241-2533 Fax: 904/241-1604



✓ Income Tax Service

✓ Financial & Insurance Services

✓ Accounting & Bookkeeping Services

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. Se 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

Enclosures: Uniform Business Report

Check: #2613

Heather Copland