

2002 UNIFORM BUSINESS REPORT (UBR)

2/4

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-04-2002 90253 010 ***155.00

DOCUMENT # P01000095527
1. Entity Name SAVE OUR SHIPS, INC.

Principal Place of Business 2084 PREYMORE STREET OSPREY FL 34229	Mailing Address 2084 PREYMORE STREET OSPREY FL 34229
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 50 Glenwood Ave Suite, Apt. #, etc.	3. Mailing Address 50 Glenwood Ave Suite, Apt. #, etc.
---	---

City & State Osprey, Fl.	City & State Osprey, Fl.
Zip 34229	Country Sarasota

4. FEI Number 65-1142418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARKE, DOUGLAS 2084 PREYMORE STREET OSPREY FL 34229
--

7. Name and Address of New Registered Agent Name: Charles Berryhill Street Address (P.O. Box Number is Not Acceptable): 50 Glenwood Ave City: Osprey, Fl. FL Zip Code: 34229
--

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: Charles Berryhill (NOTE: Registered Agent signature required when reinstating) DATE: 1/14/02
--

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
---	---	---

11. OFFICERS AND DIRECTORS	
TITLE President	<input type="checkbox"/> Delete
NAME Tony Pierce	
STREET ADDRESS 106 Glenwood Ave	
CITY-ST-ZIP Osprey, Fl. 34229	
TITLE V.P.	<input type="checkbox"/> Delete
NAME James E Wilbert	
STREET ADDRESS 5320 Murdock Ave	
CITY-ST-ZIP Sarasota, Fl. 34231	
TITLE Sec. Tre.	<input checked="" type="checkbox"/> Delete
NAME Douglas Clarke	
STREET ADDRESS 2084 Preymore Str.	
CITY-ST-ZIP Osprey Fl. 34229	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Berryhill	DATE: 1/14/02	DAYTIME PHONE #: 941-4664853
-------------------------------------	----------------------	-------------------------------------

CR2E034 (9/01)