

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90139 037 ***150.00

DOCUMENT # P01000111973

1. Entity Name
ASK SHIPPING, INC.

Principal Place of Business
C/O LISA A. LANDY
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

Mailing Address
C/O LISA A. LANDY
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
3211 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE M

City & State
CORAL GABLES, FLORIDA

Zip Country
33134 U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
75-2976887

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____
 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)

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D/C** ☐ Delete
 NAME **LEGANGER, STEINAR**
 STREET ADDRESS **N-6240 ORSKOG**
 CITY-ST-ZIP **NORWAY**

TITLE **D/P** ☐ Delete
 NAME **BRUNGOT, STAAL**
 STREET ADDRESS **P.BOX 5107 LARSGARDEN**
 CITY-ST-ZIP **N-6021 ALESUND**

TITLE **D/VP/S** ☐ Delete
 NAME **SKINNES, ARNT (CAPT.)**
 STREET ADDRESS **N-6065**
 CITY-ST-ZIP **ULSTEINVIK**

TITLE **D** ☐ Delete
 NAME **ROMIVETT, GUNNAR (CAPT.)**
 STREET ADDRESS **N-3864 RAULAND**
 CITY-ST-ZIP **RAULAND**

TITLE **D** ☐ Delete
 NAME **FLADMARK, ERIK**
 STREET ADDRESS **NEDRE BOGNESET 13**
 CITY-ST-ZIP **6016 AALESUND**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:  **CAPT. ARNT SKINNES, VICE PRESIDENT** 4/17/02 (786) 924 3904
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)