2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000022565

DOCUMENT # 1. Entity Name

BREWER, THOMAS F

3718-A NAVY BLVD. PENSACOLA FL 32507

SIGNATURE



May 12, 2003 8:00 am & Secretary of State

05-12-2003 90221 048 ***150.00

, INC.	INTERNATIONAL W	ARINE PERSONNE	L SERVICES	
Principal Place of Business 3718-A NAVY BLVD. PENSACOLA FL 32507		Mailing Address 3718-A NAVY BLVD, PENSACOLA FL 32507		
2. Principal Place	of Business	3. Mailing Addres	s ·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FELAumber /3/038/ Applie
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent

<i></i>	City	FL Zip Code
 The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. 	ed office or registered agent, or both, in the State of Florida	. I am familiar with, and accept

Name

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

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

\$5.00 May Be Added to Fees

DATE

Applied For Not Applicable

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change BREWER, THOMAS F NAME NAME STREET ADDRESS 3718-A NAVY BLVD. STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE - . Delete. المناسقات TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)

90132955

OFFSHORE INTERNATIONAL MARINE PERSONNEL SERVICES INC.

3718 "A" Navy Blvd. Pensacola, Fl. 32507 Telephone: (850) 455-2995 Telefax: (850) 455-3033

5/9/03

To whom it may concern;

The enclosed statement was just located inside of an office magazine with several other bills and pieces of mail. It was shoved in there in error by the postman on a heavy mail day. We cut the check and put it in the mail to you IMMEDIATELY upon receipt. Thank you in advance for your time and consideration in this matter. If there are any questions, please feel free to call me at your earliest convenience.

Thomas Brewer