

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90023 031 \*\*\*150.00

**DOCUMENT # P03000144467**

1. Entity Name  
**NORTHSEA INT'L SALES INC**



Principal Place of Business  
**4900 NORTH OCEAN BLVD  
1116  
FT LAUDERDALE, FL 33308**

Mailing Address  
**4900 NORTH OCEAN BLVD  
1116  
FT LAUDERDALE, FL 33308**

**54061521**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**80-0098756**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TYLER, CHARLES  
4900 NORTH OCEAN BLVD  
1116  
FT LAUDERDALE, FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
**P TYLER, CHARLES E**  
STREET ADDRESS **4900 N OCEAN BLVD**  
CITY-STATE-ZIP **FT LAUDERDALE, FL 33308**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/8/04**

Attachment 54061521


July 8, 2004

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

Re: Northsea Int'l Sales Inc. #P03000144467

Please note that I have not received a renewal form for the above corporation therefore I am requesting a waiver of penalties for late filing. Please accept the enclosed check for \$150.

Sincerely,

  
Charles Tyler  
President