

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90065 023 \*\*\*550.00

**DOCUMENT # P25695**

1. Entity Name  
**INTERNATIONAL SHIP MANAGEMENT & AGENCY SERVICES, INC.**



Principal Place of Business  
**101 WEST ST  
16  
HILLSDALE NJ 07642  
US**

Mailing Address  
**101 WEST ST  
16  
HILLSDALE NJ 07642  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**101 WEST ST  
Suite, Apt. #, etc.  
16**

3. Mailing Address  
**101 WEST ST  
Suite, Apt. #, etc.  
16**

City & State  
**HILLSDALE, N.J.**  
Zip  
**07642** Country  
**USA**

City & State  
**HILLSDALE, N.J.**  
Zip  
**07642** Country  
**USA**

4. FEI Number **13-2915849**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHAMBEAU, GERALD U  
1811 EAST SECOND AVE  
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12726 CURLEY Rd.**  
City **SAN ANTONIO, FL.** FL Zip Code **78238**

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 **Gerald U Schambeau**

DATE **6/25/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BONNABEL, HENRY 101 WEST ST HILLSDALE NY 07642</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHAMBEAU, GERALD 1811 EAST SECOND AVE TAMPA FL 33605</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12726 CURLEY Rd. SAN ANTONIO, FL. 78238</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RENEE HENRY BONNABEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **6/25/03** 201-664-4557  
Daytime Phone #

CR2E034 (10/02)