

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90466 003 ***158.75

DOCUMENT # P36187

1. Entity Name
AMERICAN CHEMICAL TANKERS, INC.



Principal Place of Business
**2 RIDGEDALE AVE.
SUITE 250
CEDAR KNOLLS NJ 07927**

Mailing Address
**2 RIDGEDALE AVE.
SUITE 250
CEDAR KNOLLS NJ 07927**

2. Principal Place of Business
**12 SCHOOL HOUSE RD.
Suite, Apt. #, etc.**

3. Mailing Address
**P.O. BOX 264
Suite, Apt. #, etc.**

City & State
RANDOLPH NJ

City & State
CEDAR KNOLLS NJ

Zip Country
07869-3122 USA

Zip Country
07927-0264 USA

4. FEI Number **22-2532201**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BATE, ANDREW H.
9130 S. DADELAND BLVD
SUITE PH2
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **OLSEN, JONATHAN B.**
Street Address (P.O. Box Number is Not Acceptable)
1217 NE 3RD STREET
City **FT. LAUDERDALE FL** Zip Code **33301**

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 *Jonathan Olsen*

12-31-02

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	PT OLSEN, JONATHAN B. 1217 NE 3RD STREET FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATE, ANDREW H. 9905 SW 68 CT MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATE, ELIZABETH J. 9905 SW 68 CT MIAMI FL 33156	<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	OLSEN, MAGNUS E. 12 SCHOOL HOUSE RD RANDOLPH, NJ 07869-3122	<input type="checkbox"/> Change <input checked="" 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
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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: *Magnus E. Olsen* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.30.02 **973-361-5561**

Date

Daytime Phone #

CR2E034 (10/02)