

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000041750**

1. Entity Name

GILMAU SHIPPING CORP.**FILED****May 04, 2001 8:00 am
Secretary of State**

05-04-2001 90056 023 ***150.00

Principal Place of Business

**5512 NW 10TH AVE
FT LAUDERDALE FL 33309**

Mailing Address

**5512 NW 10TH AVE
FT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0837614**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, JOHN II
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401**Name **LARRY BENSON**Street Address (P.O. Box Number is Not Acceptable)
1400 Centrepark Blvd.**Suite 900**City **West Palm Beach****FL**Zip Code
33401

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

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SPENCER, MAURY L
STREET ADDRESS	5512 NW 10TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33309

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SPENCER, GILBERT
STREET ADDRESS	5512 NW 10TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33309

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Chairman of the Board <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.A. Schwab
STREET ADDRESS	1400 Centrepark BLvd., Ste 900
CITY-ST-ZIP	West Palm Beach, FL 33401

TITLE	President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David A. Schwab
STREET ADDRESS	1400 Centrepark BLvd., Ste 900
CITY-ST-ZIP	West Palm Beach, FL 33401

TITLE	Secretary/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna L. Schwab
STREET ADDRESS	1400 Centrepark BLvd., Ste 900
CITY-ST-ZIP	West Palm Beach, FL 33401

TITLE	Treasurer/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Lynn Schwab
STREET ADDRESS	1400 Centrepark BLvd., Ste 900
CITY-ST-ZIP	West Palm Beach, FL 33401

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: *David Schwab***David Schwab****4-27-01**

Date

Daytime Phone #

CR2E034 (10/00)