2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041750 1. Entity Name GILMAU SHIPPING CORP.					Secretary of State 04-23-2002 90404 021 ***150.00			
Principal Place of Business Mailing Address 5512 NW 10TH AVE 5512 NW 10TH AVE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309								
FT LAUDERD								
2. Principal	Place of Business	3. Mailing Address						
			ECLA ROAD		DO NOT WRIT	E IN THIS SPACE		
City & State N. FT MYERS FL		City & State N. FT MYERS FL		4. FE	65-0837614	⊢	pplied For ot Applicable	
3390 3390	3 Country.	33 903	_Country = -	• 5. -Ce	rtificate of Status Desired	\$8.75 , Ad Fee Require		
	6. Name and Address of Current Re	gistered Agent		7. Na	me and Address of New R	egistered Agent		
BENSON, 1400 CEN STE 900	Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH FL 33401			City	FL Zip Code				
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so, pria on back)	FILE NOW!!!	FEE IS \$150.00 FEE will be \$550.00 to Department of S)	10. Election Campaign Fina Trust Fund Contribution	· – ••••	00 May Be	
11.	OFFICERS AND DIF		12.	ADDI	TIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SCHWAB, J A 1400 CENTREPARK BLVD STE 900 WEST PALM BEACH FL 33401	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP:	PD SCHWAB, DAVID A 1400 CENTREPARK BLVD STE 900	☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST3 ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWAB, DONNA L 1400 CENTREPARK BLVD STE 900 WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWAB, MARY L 1400 CENTREPARK BLVD STE 900 WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE IAME Street address ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the cor	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower, or on an attachment with an address, with	e and accurate and that my red to execute this report as	signature shall have the	e same lea	al attect as it made under or	th: that I am an officer	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR