2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000068221**

Country

6. Name and Address of Current Registered Agent

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

TAMPA FL 33634

BLUESEA CHARTERS, INC.

Principal Place of Business 4014 DANA SHORES DRIVE

2. Principal Place of Business

AMERILAWYER

343 ALMERIA AVENUE CORAL GABLES FL 33134

9. This corporation is eligible to satisfy its Intangible

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

4014 DANA SHORES DRIVE TAMPA FL 33634

3. Mailing Address

City & State

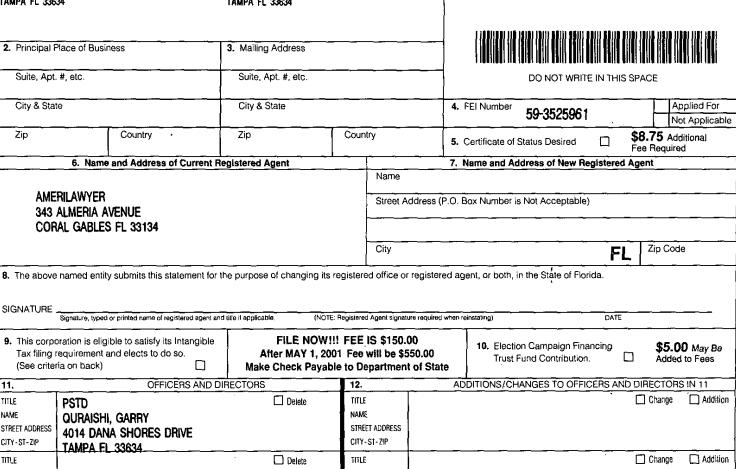
Zip

Suite, Apt. #, etc.

Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90240 042 ***150.00

LUUDIJUU



Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, CR2E034 (10/00) ☐ Delete TITLE TITLE **PSTD** NAME NAME QURAISHI, GARRY STREET ADDRESS STREET ADDRESS 4014 DANA SHORES DRIVE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33634 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE JITLE" ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

City

13. I hereby certify that the information sypplied 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. same legal effect as if made under oath; that I am an officer or director Delorida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR