2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90039 030 ***150.00

DOCUMENT # P99000088813

1. Entity Name

SHIPPING SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2639 LEMON STREET N.E. PALM BAY FL 32905	2639 LEMON STREET N.E. PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 5170 Laguna Vista Dr	Suite, Apt. #, etc. Same
City & State Melbourne Fl	City & State
Zip 32934 Country USA	Zip Country

4. FEI Number 59-3617862 ☐ 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
DANDREA, KEVIN 2639 LEMON STREET N.E. PALM BAY FL 32905	Name Same Street Address (P.O. Box Number is Not Acceptable) 5170 Laguna Vista Dr City Melbourne FL Zip Code 32934

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANDREA, KEVIN PO BOX 060941 PALM BAY FL 32906-0941	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ~~5170 Laguna Vista Dr~~ ~~Melbourne, Fl 32906~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANDREA, PATTY PO BOX 060941 PALM BAY FL 32906-0941	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 like empowered.

SIGNATURE: Kevin DeAndrea 2/5/01 544-6077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #