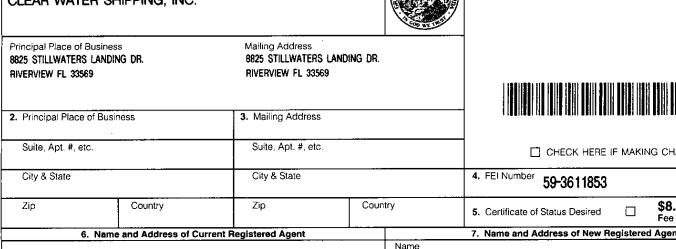
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P99000100444 **DOCUMENT #**

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

CLEAR WATER SHIPPING, INC.



NAME STREET ADDRESS

FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90091 009 \*\*\*150.00

2. Principal Place of Business			3. Maili	3. Mailing Address					4 LUDJEROL ELD IDALO RAKIL DRILL DOLLI DI -	1 <b>8</b> 1   01 01		IHII OSOI IBOI	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	e		City &	City & State			1	4. FEI Number 59-3611853				plied For t Applicable	
Zip	Country Zip					Country			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						
TAGER, RICHARD D						Name _							
8825 STILLWATERS LANDING DR.						Street Address (P.O. Box Number is Not Acceptable)							
RIVERVIEW FL 33569											_		
						City	FL Zip Code						
	ions of regist	ered agent.							, or both, in the State of Florida		amiliar with,	and accept	
	Signature, typed	or printed name of registered	agent and title if applic	cable. (NOTE:	Registered A	Agent signature	required wh	en reinsta	ating)	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 Financ Trust Fund Contribution.	cing [		<b>0</b> May Be to Fees	
10. OFFICERS AND DIRECTORS 11.								ADDII	TIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS					☐ Change	☐ Addition	
TITLE NAME				☐ Delete	TITLE NAME						☐ Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE:

President 1-4-03