

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0622726

**DOCUMENT # S17910**

1. Entity Name

**AFRICAN BULK SERVICES, INC.**

04-03-2001 90039 041 \*\*\*150.00

Principal Place of Business

14502 N. DALE MABRY  
 STE 132  
 TAMPA-FL 33618

Mailing Address

14502 N. DALE MABRY  
 STE 132  
 TAMPA FL 33618  
 US

2. Principal Place of Business

**6, INIOPINOS STREET,**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 261836**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**CHIOS 82000**

City & State

**TAMPA, FL**

4. FEI Number

**59-3040611**

Applied For

Not Applicable

Zip

**82000**

Country

**GREECE.**

Zip

**33685**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**UTERWYK, HENDRIK  
 ONE TAMPA CITY CENTER  
 STE. 3400  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(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

TITLE **PD** ☐ Delete  
 NAME **BOTT, GRAHAM**  
 STREET ADDRESS **14502 N. DALE MABRY, STE 132** SEE ABOVE  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GRAHAM BOTT**

**3/29/01**

Date

Daytime Phone #

CR2E034 (10/00)