

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

3/31

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90147 026 \*\*\*150.00

DOCUMENT # S 22575

1. Entity Name

M/V SAMUEL INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12995 S CLEVELAND AVE

Suite, Apt. #, etc.

SUITE 107

City & State

FT MYERS FL

Zip

33907

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0245706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

WEST, EZEKIEL

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

1136 NUNA AVE

City

FT MYERS FL

FL

Zip Code  
33905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PDST  
WEST, EZEKIEL JR  
1136 NUNA AVE  
FT MYERS FL 33905

TITLE  
NAME  
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CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

*Ezekiel West Jr.*  
EZEKIEL WEST

3-28-03

Date

239.193.2724

Daytime Phone #