FILED
May 02, 2003 8:00 am
Secretary of State

04-11-2003 90465 001 *****8.75
04-11-2003 90465 002 ***150.00

55035268

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34019

1. Entity Name: American Marine Consultants

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1910 Gulf Shore Blvd N #103	1910 Gulf Shore Blvd N #103
Suite, Apt. #, etc.: Naples FL.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34102 Country: Collier	Zip: 34102 Country: Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0266024 — 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: Michael Fisher

Street Address (P.O. Box Number is Not Acceptable): 1910 Gulf Shore Blvd N #103

City: Naples FL Zip Code: 34102

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	President	TITLE	
NAME	Michael Fisher	NAME	
STREET ADDRESS	1910 Gulf Shore Blvd. N. #103	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34102	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: [signature] — 4/8/03 — 239 434 9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Fisher Fisher