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

## DOCUMENT #

V62979

1. Entity Name

EXUM PETROLEUM TRANSPORT, INC.



## **FILED** Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90949 026 \*\*\*150.00

Principal Place of Business 2179 S.R. 44 NEW SMYRNA BEACH FL 32168 US		Mailing Address 2209 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168 US			†       1788)   010)   2010   100   100)   100   100   100   100   100   100   100   100   100   100   100   1	BIRN BIRN BIRN I	1812 82812 2 <b>88</b> 1	
2. Principal f	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·			OLEN BIEN BIEN E		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	CHECK HERE IF MAKING CHANGES			
City & State		City & State		<b>4.</b> F	FO-2166001		plied For	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. 1	lame and Address of New Registered	Agent		•
			Name					
	DHN M JR RNBULL BAY RD		Street Address		(P.O. Box Number is Not Acceptable)			
NEW SMYRNA BEACH FL 32168								
			City		FI ent, or both, in the State of Florida. I am	-	1	
F A⁄te	Signaydre, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		E. Registered Agent signature r	required when re	nstating) DATE  9. Election Campaign Financing		O May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EXUM, JOHN M JR 2209 TURNBULL BAY RD NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	COCK ROOL
TITLE NAME STREET ADDRESS . CITY-ST-ZIP	÷ -	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	ממכ
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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TITLE		☐ Delete	TITLE			☐ Change	Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

9366