

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90037 037 ***150.00

DOCUMENT # 191967

1. Entity Name
FLORIDA DOCKING MASTERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 11346 JACKSONVILLE FL 32239-1346

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0773415** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEARNS, ROBERT L
4666 HARBOUR NORTH COURT
JACKSONVILLE FL 32225

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P THOMAS, FREDERICK 3307 ABBEYFIELD DRIVE E JACKSONVILLE FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Jacksonville FL 32277-0974
<input type="checkbox"/> Delete	VPT STEARNS, ROBERT L 4666 HARBOUR NORTH CT JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	M HOGG, GEORGE 7768 LYNCHBURG CT E. JACKSONVILLE FL 32277	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	M VOISIN, ERNIE 504 CHANCELLOR DR E. JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	M PARKER, DOUGLAS 5151 HECKSER DR JACKSONVILLE FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5151 Heckser Dr.
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

Jan 07 02 (904) 620-0640
 Date Daytime Phone #

CR2E034 (9/01)