

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90117 020 ***150.00

DOCUMENT # 296543

1. Entity Name

DELTA MARINE CONSTRUCTORS, INC.

Principal Place of Business

**2106 HOLLY OAKS RIVER DRIVE
 JACKSONVILLE FL 32225**

Mailing Address

**2106 HOLLY OAKS RIVER DRIVE
 JACKSONVILLE FL 32225**

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 **59-1104050**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKWELL, HOLDEN
 2106 HOLLY OAKS RIVER DRIVE
 JACKSONVILLE FL 32225**

Name

HOLDEN W. BLACKWELL

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

1145 SHEFFIELD RD

City

JACKSONVILLE FL

Zip Code

32259

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.

HOLDEN W. BLACKWELL PD

SIGNATURE

Holden W. Blackwell

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

(Not a 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **BLACKWELL, GEORGE K**
 STREET ADDRESS **1238 SHEFFIELD RD**
 CITY-ST-ZIP **SWITZERLAND, FL 00000**

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

TITLE **D** ☐ Delete
 NAME **BLACKWELL, HOLDEN**
 STREET ADDRESS **2106 HOLLY OAKS RVR DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **STD** ☐ Delete
 NAME **BLACKWELL, VIRGINIA**
 STREET ADDRESS **2106 HOLLY OAKS RVR DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **PD** ☐ Delete
 NAME **BLACKWELL, HOLDEN W**
 STREET ADDRESS **1245 SHEFFIELD RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1145 SHEFFIELD RD**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Virginia Blackwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01
 Date

904 641-7653
 Daytime Phone #

CR2E034 (10/00)