

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90018 033 ***150.00

0624938 AT

DOCUMENT # 842527

1. Entity Name

DUROCHER DOCK & DREDGE, INC.

Principal Place of Business

**958 N HURON ST
 PO BOX 8
 CHEBOYGAN MI 49721**

Mailing Address

**958 N HURON ST
 PO BOX 8
 CHEBOYGAN MI 49721**

2. Principal Place of Business

958 N. Huron Street

3. Mailing Address

958 N. Huron Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cheboygan, MI

City & State

Cheboygan, MI

4. FEI Number

38-1913872

Applied For

Not Applicable

Zip

49721

Country

Zip

49721

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**F & L CORP.
 200 NORTH LAURA STREET
 THIRD FLOOR
 JACKSONVILLE FL 32202**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	SD	VAN ANTWERP, FRANCIS J.	49 PARKWAY DR CHEBOYGAN MI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	PTD	VAN ANTWERP, FRANCIS JR.	BIRCHWOOD LANE CHEBOYGAN MI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VP	WENGER, WILLIAM	MULLET LAKE RD CHEBOYGAN MI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	VP	NEFF, STANLEY	5619 TWIN LAKES RD CHEBOYGAN MI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	ASQ	PHILLIPS, MICHAEL	901 DUCAN AVE CHEBOYGAN MI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ASQ	Damone Sorensen	621 Snow Apple Ct. Cheboygan, MI 49721
<input type="checkbox"/> Delete	VP	RANDALL, ROBERT	2056 WAX MYRTLE CT ORANGE PARK FL	<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: **Damone Sorensen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 **231-627-5633**
Date Daytime Phone #

CR2E034 (9/01)