2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F40302

1. Entity Name

DELTA MARINE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 1:25

Principal Place of Business	Mailing Address
5600 3RD AVE. KEY WEST FL 33040	5600 3RD AVE. KEY WEST FL 33040-6034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2321698 ☐ 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
ANDREWS, HENRY J., JR. 1325 SUNSET DRIVE KEY WEST FL 33040	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, 2000 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	P ANDREWS, HENRY J., JR. 1325 SUNSET DRIVE KEY WEST FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003314173--7 -07/06/00--01004--016 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDREWS, CATHERINE A. 1325 SUNSET DRIVE KEY WEST FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X Henry J. Andrews Jr. REQUIRED 6-8-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

ATTACHMENT DOC#.F40302

2 of 2

ANDREWS
PROPELLER SERVICE INC.
5600 3rd Street & 3rd Avenue
Stock Island
KEY WEST, FLORIDA 33040

(305) 296-8887

DATE June-9,-2000

TO Ms Katherine Harris
Secretary of State.
Tallahassee, Fla 32302-1500

SUBJECT

Dear Ms Harris.

Im very sorry this is late. This year came in with a 'Bang' for us. My Husband had open heart surgery the last week of Jan 2000. Being here at our shop alone a lot more for the last few months. Thank God our son was here to help us and keep the Shop going. Enclose find check for $150.00, If I need to send more please let me know.

SIGNED Catherine Andrews
Wife -

☐ PLEASE REPLY ☐ NO REPLY NECESSARY