

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90077 012 ***150.00

DOCUMENT # F93000004460

1. Entity Name
CONBULK STEVEDORING & TERMINAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 P.O. BOX 2253 P.O. BOX 2253
 SAVANNAH GA 31402 SAVANNAH GA 31402-2253

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **58-2063230** Applied For
 Not Applicable

Zip Country Zip Country 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

SCHULER, ROBERT
5051 PROPELLER DRIVE
JACKSONVILLE FL 32206

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code **32226**

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 *Robert C Schuler* **Robert C Schuler Gen Man - FL** **4/19/00**
Signature, typed or printed name of registered agent and title if applicable (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. **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	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEPLES, FRANK K	NAME	
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	CITY-ST-ZIP	31405
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYFIELD, E. GAY	NAME	
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	CITY-ST-ZIP	31405
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUSE, DEBRA M	NAME	Ann P. Cox
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	STREET ADDRESS	6001 Chatham Ctr. Dr. Ste 350
CITY-ST-ZIP	SAVANNAH GA 31405	CITY-ST-ZIP	Savannah, GA 31405
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, JOHN R JR	NAME	
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31405	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Ann P. Cox* **SECRETARY REQUIRED** **4/11/00** **(912)239-1331**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 19/99