

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90026 021 ***150.00

DOCUMENT # F93000004460

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
One Harbor Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **58-2063230** Applied For
Savannah, GA Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
31401 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SCHULER, ROBERT Name
~~5051 PROPELLER DRIVE~~ Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32206 **2085 Talleyrand Avenue**
 City **Jacksonville** **FL** Zip Code **32206**

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	C PEEPLES, FRANK K 6001 CHATHAM CENTER DRIVE, SUITE 350 SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYFIELD, E. GAY 6001 CHATHAM CENTER DRIVE, SUITE 350 SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, ANN P. 6001 CHATHAM CTR. DR. STE 350 SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cox, Ann P. One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BENTON, JOHN R JR 6001 CHATHAM CENTER DRIVE, SUITE 350 SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Street 31401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Ann P. Cox, Secretary 4/3/01 912-239-1331
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)