

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90055 038 \*\*\*150.00

**DOCUMENT # F96000004554**

1. Entity Name

**SERVICE OFFSHORE PAINTING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1670 E. CARDINAL DRIVE BEAUMONT TX 77705	Mailing Address 1670 E. CARDINAL DRIVE BEAUMONT TX 77705-6623
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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 <b>76-0280433</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DAVIS, JEFF</b>			NAME			
STREET ADDRESS	<b>7305 UP RIVER ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CORPUS CHRISTI TX 78409</b>			CITY-ST-ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DUCHARME, LARRY</b>			NAME			
STREET ADDRESS	<b>1670 E. CARDINAL DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BEAUMONT TX 77705</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BROCK, BRAD</b>			NAME			
STREET ADDRESS	<b>1670 E. CARDINAL DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BEAUMONT TX 77705</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BOURQUEIN, LORIN</b>			NAME			
STREET ADDRESS	<b>1670 E. CARDINAL DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BEAUMONT TX 77705</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BROCK, TODD</b>			NAME			
STREET ADDRESS	<b>1670 E. CARDINAL DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BEAUMONT TX 77705</b>			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: *J P Ducharme*      04/28/00      409 833 6226

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

CR2E034 (9/99)