

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90018 035 \*\*\*150.00

**DOCUMENT # F99000002091**

1. Entity Name

**STATE STREET SHIPPING AGENCY, INC.**

Principal Place of Business

Mailing Address

PO BOX 1901  
 MOBILE AL 36633

PO BOX 1901  
 MOBILE AL 36633-1901

2. Principal Place of Business

*4100 One St Louis Centre*

3. Mailing Address

*4100 One St Louis Centre*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Mobile AL*

City & State

*Mobile AL*

4. FEI Number

**63-1222618**

Applied For

Not Applicable

Zip

Country

*36602*

Zip

Country

*36602*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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. (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>C</b>	<b>RUTHERFORD, J. SCHLEY</b>	<b>1409 GOVERNMENT ST</b>	<b>MOBILE AL 36604</b>	<input type="checkbox"/>
<b>PCEO</b>	<b>THURBER, H.W. III</b>	<b>1409 GOVERNMENT ST</b>	<b>MOBILE AL 36604</b>	<input type="checkbox"/>
<b>S</b>	<b>WEBB, JAMES D</b>	<b>1409 GOVERNMENT ST</b>	<b>MOBILE AL 36604</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>4100 One St Louis Centre</i>	<i>Mobile, AL 36602</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>4100 One St Louis Centre</i>	<i>Mobile, AL 36602</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>S</b>	<i>Rachel Allen</i>	<i>4100 One St. Louis Centre</i>	<i>Mobile, AL 36602</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Rachel Allen* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/00*

Date

*334-431-6335*

Daytime Phone #

CR2E034 (9/99)