

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90219 031 ***150.00

DOCUMENT # J33787

1. Entity Name

PFL STEVEDORING, INC.

Principal Place of Business

Mailing Address

2379 GUY N VERGER BLVD
 TAMPA FL 33605
 US

PO BX 1842
 TAMPA FL 33601-1842
 US

2. Principal Place of Business

2900 Guy N. Verger Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-2744182

Applied For

Not Applicable

Zip

Country

33605

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

PATE, GEORGE H.
13702 WHITEBARK PLACE
TAMPA FL 33625

Name

Street Address (P.O. Box Number is Not Acceptable)

4222 Garden Lane

City

Tampa

FL

Zip Code

33610

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** Delete
 NAME: **LITSCHGI, BYRNE**
 STREET ADDRESS: **100 S ASHLEY DR #1400**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VP** Delete
 NAME: **LITTLE, GARDELL**
 STREET ADDRESS: **1411 DE SOTO AVE**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **P** Delete
 NAME: **SCHMIDT, RUDOLF**
 STREET ADDRESS: **4200 BAYSHORE DRIVE**
 CITY-ST-ZIP: **PALM HARBOR FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **ST** Delete
 NAME: **PATE, GEORGE**
 STREET ADDRESS: **13702 WHITEBARK PLACE**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS: **4222 Garden Lane**
 CITY-ST-ZIP: **Tampa, FL 33610**

TITLE: **D** Delete
 NAME: **PATE, TROY**
 STREET ADDRESS: **7110 WOODFIELD DRIVE**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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: **George H. Pate**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
 Date

(813)229-1958
 Daytime Phone #

C:\P\F\034 (9,99)