

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000079

1. Entity Name
LIGHTSHIP TANKERS III LLC

Principal Place of Business
2200 ELLER DRIVE, BUILDING 27
PORT EVERGLADES STATION
FT. LAUDERDALE FL 33316

Mailing Address
~~2200 ELLER DRIVE, BUILDING 27~~
~~PORT EVERGLADES STATION~~
FT. LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address
2200 ELLER DR. - LEGAL DEPT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. BOX 13038

MANM

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0643550

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C/O HVIDE MARINE INCORPORATED
2200 ELLER DRIVE, BUILDING 27
FORT LAUDERDALE FL 33316

Name
Walton S. Kinsey, Jr.
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 Walton S. Kinsey, Jr. Signature, typed or printed name of registered agent and title if applicable.

4/18/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HVIDE, J. ERIK 2200 ELLER DRIVE, BLDG. 27 PT EVERGLADES STA., FT LAUD FL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BLANKLEY, JOHN H 2200 ELLER DRIVE, BLDG. 27 PT. EVERGLADES STA., FT LAUDFL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SWEENEY, EUGENE F 2200 ELLER DRIVE, BLDG. 27 PT. EVERGLADES STA., FT LAUDFL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LAMM, ROBERT B 2200 ELLER DRIVE, BLDG. 27 PT. EVERGLADES STA., FT LAUDFL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Fitzgerald, Jean 2200 Eller Drive, Bldg. 27 Pt Everglades Sta, Ft Laud FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Zorkers, Walter F. 2200 Eller Drive, Bldg. 27 Pt Everglades Sta Ft Laud FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	300003243053--7 -05/08/00--01117--018 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Kinsey, Walton S., Jr. 2200 Eller Drive, Bldg. 27 Pt Everglades Sta Ft Laud FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Boyle, Kevin S. 2200 Eller Drive, Bldg. 27 Pt Everglades Sta, Ft Laud FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report, as required by Chapter 608, Florida Statutes.

SIGNATURE: Walton S. Kinsey, Jr.
SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/18/00
Date

(954)
524-4200
X 800
Daytime Phone #

CREATED (9/99)