

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90011 001 \*\*\*150.00

**DOCUMENT # P96000048861**

1. Entity Name  
**CONTAINER MAINTENANCE & REPAIR SERVICE, INC.**

Principal Place of Business  
**1887 SOUTH 14TH STREET STE 105  
FERNANDINA BEACH FL 32034**

Mailing Address  
**1887 SOUTH 14TH STREET STE 105  
FERNANDINA BEACH FL 32034**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3410469** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPOTSWOOD B WATKINS  
1887 S 14TH ST  
SUITE 105  
FERNANDINA BEACH FL 32034**

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 \_\_\_\_\_ (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:  **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	<b>D</b> <b>OUTERBRIGE, HERBERT</b> <b>C/O 1887 SO 14TH STREET STE 105</b> <b>FERNANDINA BEACH FL 32034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUINN, DONALD T</b> <b>C/O 1887 SO 14TH STREET STE 105</b> <b>FERNANDINA BEACH, FL 32034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WIBLE, DAVID</b> <b>C/O-1887-SO-14TH STREET-STE-105-</b> <b>FERNANDINA BEACH FL 32034</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HOST, DAVID F.</b> <b>C/O 1887 SO 14TH ST., SUITE 105</b> <b>FERNANDINA BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PROVO, JAMES S</b> <b>C/O 1887 S 14TH ST., SUITE 105</b> <b>FERNANDINA BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>QUINN, DANIEL J.</b> <b>C/O 1887 S 14TH ST., SUITE 105</b> <b>FERNANDINA BEACH FL</b>	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: *Spotswood B Watkins* **3/19/01** **904-321-1823**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/00)