

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90086 037 \*\*\*150.00

**DOCUMENT # 012136**  
 1. Entity Name  
**MERRILL-STEVENS DRY DOCK CO.**

Principal Place of Business 1270 N.W. 11TH STREET POST OFFICE BOX 1980 MIAMI FL 33125-1601	Mailing Address 1270 N.W. 11TH STREET POST OFFICE BOX 1980 MIAMI FL <del>33125-1601</del>
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip Country	Zip Country	4. FEI Number <b>59-0357280</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MERRILL, JAMES C III**  
**1270 NW 11TH ST.**  
**MIAMI FL 33125**

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. (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	<b>D</b> <b>FOWLER, E. M</b> <b>3188 ARGONNE DR., NW</b> <b>ATLANTA GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVERINGHAM, P. B.</b> <b>2602, SAN DOMINGO ST.</b> <b>CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KIRTLAND, F. W.</b> <b>7680 S.W. 48TH COURT</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSVD</b> <b>MERRILL, JAMES C III</b> <b>1270 NW 11TH ST.</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERRILL, R.H.</b> <b>921 ADUANA AVE</b> <b>CORAL GABLES FL</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James C Merrill III **JAMES C MERRILL III** 1/4/20 305/324-5211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)