

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90005 034 \*\*\*550.00

**DOCUMENT # P34372**

1. Entity Name  
**TRAILER BRIDGE, INC.**

Principal Place of Business      Mailing Address

**10405 NEW BERLIN RD EAST  
 JACKSONVILLE FL 32226  
 US**      **10405 NEW BERLIN RD EAST  
 JACKSONVILLE FL 32226-2215  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**13-3617986**       Not Applicable

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

    



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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          | <b>P</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>HEIM, RALPH W</b>          |                                 |
| STREET ADDRESS | <b>10405 NEW BERLIN RD E.</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32226</b>  |                                 |
| TITLE          | <b>C</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>MCCOWN, JOHN D.</b>        |                                 |
| STREET ADDRESS | <b>500 PARK AVE 5TH FLR</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>            |                                 |
| TITLE          | <b>T</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>TANNER, MARK A.</b>        |                                 |
| STREET ADDRESS | <b>10405 NEW BERLIN RD E.</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32226</b>  |                                 |
| TITLE          | <b>V</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>MORLEY, J. EDWARD</b>      |                                 |
| STREET ADDRESS | <b>10405 NEW BERLIN RD E.</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32226</b>  |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark A Tanner*      Date: *6-26-00*      Daytime Phone #: *904-751-7100*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**