

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90407 042 \*\*\*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 33101-1980**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-0357280**

Applied For  
 Not Applicable

Zip Country

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**

**MERRILL, JAMES C III  
1270 NW 11TH ST.  
MIAMI FL 33125**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, E. M</b>	
STREET ADDRESS	<b>3188 ARGONNE DR., NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EVERINGHAM, P. B.</b>	
STREET ADDRESS	<b>2602 SAN DOMINGO ST.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KIRTLAND, F. W.</b>	
STREET ADDRESS	<b>7680 S.W. 48TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>CSVD</b>	<input type="checkbox"/> Delete
NAME	<b>MERRILL, JAMES C III</b>	
STREET ADDRESS	<b>1270 NW 11TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERRILL, R.H.</b>	
STREET ADDRESS	<b>4575 ORTEGE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Seely, R.M.</b>	
STREET ADDRESS	<b>4569 Huntington Road</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	

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		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Seely, R.M.</b>	
STREET ADDRESS	<b>4569 Huntington Road</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE MERRILL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/8/03 Daytime Phone #: 305 324 5211

CR2E034 (10/02)