## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 843315** 

Entity Name: COMMODORES POINT TERMINAL CORP.

**Current Principal Place of Business:** 

JACKSONVILLE, FL 32202

1010 E ADAMS ST

**Current Mailing Address:** 

1010 E ADAMS ST

JACKSONVILLE, FL 32202 US

FEI Number: 59-1851206 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDELL FARSON & PINCKET, P.A. 12276 SAN JOSE BLVD. SUITE 126 JACKSONVILLE, FL 32223 US

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:

City-State-Zip:

Title

Address

Electronic Signature of Registered Agent

Date

**FILED** Feb 03, 2021

**Secretary of State** 

8631266605CC

Officer/Director Detail:

Title DIRECTOR, PRESIDENT, ASST. Title

Address

VP, TREASURER

Name COLLEDGE, ELIZABETH L

SECRETARY

OLSON, DAVID R Name

JACKSONVILLE FL 32202

241 ATLANTIC BOULEVARD SUITE 201

Address 1010 E ADAMS ST

> City-State-Zip: NEPTUNE BEACH FL 32266

VP, ASST. SECRETARY Title

Name BELL, LETESHIA D Name LOVETT II, W. RADFORD Address

Address 1010 E ADAMS ST

241 ATLANTIC BOULEVARD SUITE 201

City-State-Zip: JACKSONVILLE FL 32202

1010 E ADAMS ST

**SECRETARY** 

NEPTUNE BEACH FL 32266 City-State-Zip:

Title **DIRECTOR** 

Title

Address

VICE PRESIDENT OPERATIONS

Name LOVETT, PHILIP H

COLLEDGE, WILLIAM L Name

1010 EAST ADAMS STREET

City-State-Zip: JACKSONVILLE FL 32202

City-State-Zip:

JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LETESHIA D. BELL

**SECRETARY** 

02/03/2021