

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 280879**

1. Entity Name

**ATLANTIC MARINE, INC.**

Principal Place of Business

Mailing Address

**8500 HECKSCHER DR  
FORT GEORGE ISLAND FL 32226****8500 HECKSCHER DR  
FORT GEORGE ISLAND FL 32226-2434**

2. Principal Place of Business

**8500 HECKSCHER DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**8500 HECKSCHER DRIVE**

Suite, Apt. #, etc.

City &amp; State

**JACKSONVILLE, FL**

City &amp; State

**JACKSONVILLE, FL**

Zip

**32226**

Country

Zip

**32226**

Country

4. FEI Number

**59-1050964**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, JR B N  
8500 HECKSCHER DR  
JACKSONVILLE FL 32226**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	PD	<input type="checkbox"/> Delete
NAME	DOHERTY, EDWARD P	
STREET ADDRESS	4105 VENETIA BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

TITLE	ST	<input type="checkbox"/> Delete
NAME	THOMPSON, JR B N	
STREET ADDRESS	1200 SAN AMARO RD	
CITY-ST-ZIP	JAX FL 32207	

TITLE	ST	<input type="checkbox"/> Delete
NAME	WARING, PAUL G JR	
STREET ADDRESS	7925 MERRILL RD -2809	
CITY-ST-ZIP	JACKSONVILLE FL 32297	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DIRECTOR	<input checked="" 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		<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:

BROOK N. THOMPSON, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/2000

Date

(904) 251-1512

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90022 004 \*\*\*150.00

**C0003997**

DO NOT WRITE IN THIS SPACE