

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 307566**

1. Entity Name

**ATLANTIC DRY DOCK CORP**

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

**8500 HECKSCHER DR**

3. Mailing Address

**8500 HECKSCHER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**JACKSONVILLE, FL****JACKSONVILLE, FL**

Zip

Country

Zip

Country

**32226****32226**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, BYRON N JR.  
8500 HECKCHER DR  
JACKSONVILLE FL 32226**

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

D	GIBBS, GEORGE W III	8500 HECKSCHER DRIVE	FORT GEORGE ISLAND FL 32226	<input checked="" type="checkbox"/>
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D	DOHERTY, EDWARD P	4105 VENETIA BLVD	JACKSONVILLE, FL 00000	<input type="checkbox"/>
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P	FLEMING, EDWARD J JR.	11513 WOODSONG LOOP S.	JACKSONVILLE FL	<input type="checkbox"/>
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V	WARING, PAUL G JR.	7925 MERILL RD- 2809	JACKSONVILLE FL 32277	<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DIRECTOR					

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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DIRECTOR				<input checked="" type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 a power like empowered.

SIGNATURE:

**Byron N. Thompson, Jr.**  
THOMPSON, BYRON N JR

1/07/2000 (904) 251-1512

Date

Daytime Phone #