

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 542893

1. Entity Name

C D I MARINE COMPANY

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90123 020 \*\*\*150.00

Principal Place of Business

9550 REGENCY SQUARE BLVD  
 STE 400  
 JACKSONVILLE FL 32225  
 US

Mailing Address

1717 ARCH ST  
 35 FL  
 PHILADELPHIA PA 19103-2713  
 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

23-2050731

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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]*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Delete
NAME	JETT, DONALD W.	
STREET ADDRESS	9550 REGENCY SQUARE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEIDERS, JOSEPH R.	
STREET ADDRESS	1717 ARCH ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	NAGLE, ARLINGTON A	
STREET ADDRESS	1717 ARCH ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEWIS, CRAIG H.	
STREET ADDRESS	1717 ARCH ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	ONUR, EROL A	
STREET ADDRESS	9550 REGENCY SQUARE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCH WIENICK	
STREET ADDRESS	1717 ARCH ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 Date

215-569-2200  
 Daytime Phone #