Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 12, 2001 8:00 am **DOCUMENT # 556915 Secretary of State B.K. MARINE CONSTRUCTION, INC.** 03-12-2001 90437 022 ***150.00 Principal Place of Business Mailing Address 3500 SW 14TH STREET 3500 SW 14TH STREET មស្សស្ស DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1816031 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, JAMES B. Street Address (P.O. Box Number is Not Acceptable) 968 HYACINTH DRIVE DELRAY BEACH FL 33444 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. □ Addition TITLE ☐ Celete TITLE ☐ Change NAME KENNEDY, ROBERT J NAME STREET ADDRESS STREET ADDRESS 4411 NE 31ST AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE, FL 00000 TITLE TITL F Delete ☐ Change Addition NAME = KENNEDY, ROBERT-J-NAME STREET ADDRESS STREET ADDRESS 4411 NE 31ST AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE, FL 00000 ☐ Delete TITLE ☐ Change Addition TITLE NAME BRYANT, JAMES B NAME STREET ADDRESS STREET ADDRESS 968 HYACINTH DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.