

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 565505

1. Entity Name
SEABULK MARINE INTERNATIONAL, INC.



Principal Place of Business
**2200 ELLER DRIVE
P.O. BOX 13038
FORT LAUDERDALE, FL 33316**

Mailing Address
**2200 ELLER DRIVE- LEGAL DEPT.
P.O. BOX 13038
FORT LAUDERDALE, FL 33316**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1789754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TWAITS, ALAN R
2200 ELLER DR
BLDG 27
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	KURZ, GERHARD B
STREET ADDRESS	2200 ELLER DR.
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316
TITLE	SVPD
NAME	TWAITS, ALAN R
STREET ADDRESS	2200 ELLER DR.
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316
TITLE	SVTD
NAME	DE SOSTOA, VINCENT J
STREET ADDRESS	2200 ELLER DR.
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316
TITLE	VSD
NAME	FINCH, STEPHEN B
STREET ADDRESS	2200 ELLER DR.
CITY- ST- ZIP	FT LAUDERDALE, FL 33316
TITLE	SVP
NAME	FRANCOIS, LARRY D
STREET ADDRESS	2200 ELLER DR.
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000330682
04/25/05-80168-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SB Finch

Stephen B. Finch

4/18/05

(954) 523-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #