

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704353

1. Entity Name

GULFPORT MARINE TRAINING & RESCUE GROUP, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90325 013 ****61.25

Principal Place of Business

Mailing Address

3120 MIRIAM ST.SO.
GULFPORT FLA 33711

6480 EMERSON AVE S
ST. PETERSBURG FL 33707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3249861

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EGGERT, EDWIN C JR
6480 EMERSON AVE S
ST PETERSBURG FL 33707

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME DEUTSCH, HARRY XXX
STREET ADDRESS 10999 67TH AVE N XXX
CITY-ST-ZIP SEMINOLE FL 32482 XX

TITLE D ☐ Change ☒ Addition
NAME Bruce L. Cardall
STREET ADDRESS PO BOX 530163
CITY-ST-ZIP St. Petersburg, FL 33747-0163

TITLE D ☐ Delete
NAME BRITTINGHAM, NATHANIEL
STREET ADDRESS 2013 BEACH BLVD
CITY-ST-ZIP GULFPORT FL 33707

TITLE D ☐ Change ☒ Addition
NAME Norman E. Nickerson
STREET ADDRESS PO BOX 7237
CITY-ST-ZIP St. Petersburg, FL 33734-7237

TITLE DP ☐ Delete
NAME EGGERT, EDWIN C
STREET ADDRESS 6480 EMERSON AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SMITH, BARRY XXXX
STREET ADDRESS 2627 52ND ST S XXXX
CITY-ST-ZIP GULFPORT FL 33607 XX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME TRINQUE, ARTHUR
STREET ADDRESS 2818 46TH ST. S.
CITY-ST-ZIP GULFPORT FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME MCQUADE, CAROLA
STREET ADDRESS 1876 NORFOLK STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWIN C. EGGERT, JR. 3/1/01 727-347-9293

Date

Daytime Phone #

CR2E037 (10/00)

0061575