

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90103 023 ****61.25

DOCUMENT # 704353

1. Entity Name

GULFPORT MARINE TRAINING & RESCUE GROUP, INC.

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 ☒ Delete
 NAME **CARDALL, BRUCE L**
 STREET ADDRESS **P O BOX 530163**
 CITY-ST-ZIP **ST PETERSBURG FL 33747-0163**

TITLE ☐ Change ☒ Addition
 NAME **Adrian C. McQuade**
 STREET ADDRESS **1926 Norfolk St. N.**
 CITY-ST-ZIP **St. Petersburg, FL 33710-1929**

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

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

TITLE ☐ 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 ☐ Delete
 NAME **NICKERSON, NORMAN E**
 STREET ADDRESS **P O BOX 7237**
 CITY-ST-ZIP **ST PETERSBURG FL 33734-7237**

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

TITLE ☐ 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 ☐ Delete
 NAME **MCQUADE, CAROL A.**
 STREET ADDRESS **1926 NORFOLK STREET NORTH (1926)**
 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: *Arthur Trinque*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 23, 02 727-321-9319
 Date Daytime Phone #

CR2E037 (9/01)