

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724881

1. Entity Name

SOUTHEAST SHIPYARD ASSOCIATION, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90071 018 ****61.25

Principal Place of Business

13085 INDUSTRIAL ROAD
ATTN: HARVEY WALPERT
GULFPORT MS 39503
US

Mailing Address

P.O. BOX 3029
ATTN: HARVEY WALPERT
GULFPORT MS 39505
US

00028333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 WATER ST.
Suite, Apt. #, etc.
ATTN: HARVEY WALPERT

3. Mailing Address

P.O. Box 42
Suite, Apt. #, etc.
ATTN: HARVEY WALPERT

City & State

Mobile AL

City & State

Mobile AL

4. FEI Number

23-7376750

Applied For

Not Applicable

Zip

36603

Country

US

Zip

36601

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOYT, BROOKS P.
3435 BAYSHORE BLVD., NO. 1401
TAMPA FL 33671

7. Name and Address of New Registered Agent

Name JAMES W. GOODWIN

Street Address (P.O. Box Number is Not Acceptable)

400 N. TAMPA STREET, SUITE 2300

City

TAMPA

FL

Zip Code
33602

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]

JAMES W. GOODWIN

3/19/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CROUSHORE, BRUCE J.	
STREET ADDRESS	265 S. WATER ST.	
CITY-ST-ZIP	MOBILE AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALPERT, HARVEY	
STREET ADDRESS	13085 INDUSTRIAL SEAWAY ROAD	
CITY-ST-ZIP	GULFPORT MS	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANE, JOHN	
STREET ADDRESS	13085 INDUSTRIAL SEAWAY ROAD	
CITY-ST-ZIP	GULFPORT MS	
TITLE	VD	<input type="checkbox"/> Delete
NAME	D. LOY STEWARD	
STREET ADDRESS	RT 2 BOX 180	
CITY-ST-ZIP	MT. PLEASANT SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALPERT, HARVEY	
STREET ADDRESS	265 S. WATER ST.	
CITY-ST-ZIP	MOBILE AL, 36603	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)