

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0056232

DOCUMENT # 744753

1. Entity Name

LONGSHOREMEN OF ST. LUCIE COUNTY, INC.

03-29-2002 90206 034 ****61.25

Principal Place of Business

**503 N. 7TH STREET
FORT PIERCE FL 34950-8229**

Mailing Address

**503 N. 7TH STREET
FORT PIERCE FL 34950-8229**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2004503

Applied For

Not Applicable

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

**GUYTON, COSTELLO
503 NORTH SEVENTH ST.
FT. PIERCE FL 34950**

Name

Kevin Jackson

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

503 N. 7th Street

City

Fort Pierce

FL

Zip Code

34947

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

Kevin Jackson

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

(NOTE: Registered Agent signature required when reinstating)

03/19/02

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 **PD** ☐ Delete
NAME **JACKSON, KEVIN**
STREET ADDRESS **503 NORTH SEVENTH ST.**
CITY-ST-ZIP **FORT PIERCE FL 34950**

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

TITLE **VD** ☐ Delete
NAME **SIMMON, JONATHAN**
STREET ADDRESS **503 NORTH 7TH ST**
CITY-ST-ZIP **FORT PIERCE FL 34950**

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

TITLE **SD** ☐ Delete
NAME **DAWSEY, GEORGE**
STREET ADDRESS **503 NORTH 7TH ST**
CITY-ST-ZIP **FORT PIERCE FL 34950**

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

TITLE **T** ☐ Delete
NAME **WALCOTT, CHARLES**
STREET ADDRESS **503 NORTH SEVENTH ST.**
CITY-ST-ZIP **FT PIERCE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kevin Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/02

Date

461-6522

Daytime Phone #

CR2E037 (9/01)