

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820161

1. Entity Name

KING FISHER MARINE SERVICE, INC.

Principal Place of Business

159 HWY 316
PORT LAVACA TX 77979

Mailing Address

P.O. BOX 108
PORT LAVACA TX 77979-0108

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	LAQUAY, TIMOTHY	
STREET ADDRESS	MCDONALD ROAD	
CITY-ST-ZIP	PORT LAVACA TX 77979	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAQUAY, LINDA F	
STREET ADDRESS	MCDONALD ROAD	
CITY-ST-ZIP	PORT LAVACA TX 77979	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOYD, WAYMON	
STREET ADDRESS	2304 LARRY ST	
CITY-ST-ZIP	PORT LAVACA TX 77979-4510	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOYD, ANN F	
STREET ADDRESS	2304 LARRY ST	
CITY-ST-ZIP	PORT LAVACA TX 77979-4510	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERRING, WARREN	
STREET ADDRESS	2210 LARRY DR	
CITY-ST-ZIP	PORT LAVACA FL 77979	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	BOYD, WAYNE A.	
STREET ADDRESS	824 FM 2433	
CITY-ST-ZIP	PORT LAVACA, TX 77979	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-00

Date

361 552-6751

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90046 039 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

74-1327835

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required