

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90009 010 \*\*\*150.00

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<b>DOCUMENT # 820161</b>			
1. Entity Name <b>KING FISHER MARINE SERVICE, INC.</b>			
Principal Place of Business <b>159 HWY 316 PORT LAVACA TX 77979</b>		Mailing Address <b>P.O. BOX 108 PORT LAVACA TX 77979-0108</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>74-1327835</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOYD, WAYNE A</b> <b>824 FM 2433</b> <b>PORT LAVACA TX 77979</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Boyd, Wayne A.</b> <b>824 FM 2433</b> <b>Port Lavaca TX 77979</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOYD, WAYMON</b> <b>2304 LARRY ST</b> <b>PORT LAVACA TX 77979-4510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-Chairman</b> <b>Waymon Boyd</b> <b>134 Harbor Drive West</b> <b>Port Lavaca TX 77979</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOYD, ANN F</b> <b>2304 LARRY ST</b> <b>PORT LAVACA TX 77979-4510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HERRING, WARREN</b> <b>2210 LARRY DR</b> <b>PORT LAVACA FL 77979</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:** *Wayne Boyd* **Wayne-Boyd, President** **3-27-02** **361 552-6751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)