

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826212

1. Entity Name

BENDER SHIPBUILDING & REPAIR CO., INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90047 027 ***158.75

Principal Place of Business

Mailing Address

ATTN: JOSEPH W MANGIN
P.O. BOX 42
MOBILE AL 36601

ATTN: JOSEPH W MANGIN
P.O. BOX 42
MOBILE AL 36601-0042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0019150

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINARD, JACK C
111 MADISON STREET, SUITE 2300
TAMPA FL 33602

Name

James W. Goodwin, II

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

111 Madison Street, Suite 2300

Tampa, FL 33602

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.

JAMES W. Goodwin, Esq.

(NOTE: Registered Agent signature required when reinstating)

4/10/00

DATE

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

X

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.

X

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENDER, THOMAS B JR.	
STREET ADDRESS	265 SOUTH WATER STREET	
CITY-ST-ZIP	MOBILE AL 36603	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIXON, ROSEMARY M	
STREET ADDRESS	265 SOUTH WATER STREET	
CITY-ST-ZIP	MOBILE AL 36603	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRELL, FRANK G JR.	
STREET ADDRESS	265 SOUTH WATER STREET	
CITY-ST-ZIP	MOBILE AL 36603	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROUSHORE, BRUCE J	
STREET ADDRESS	265 SOUTH WATER STREET	
CITY-ST-ZIP	MOBILE AL 36603	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARNETT, DAVID R	
STREET ADDRESS	265 SOUTH WATER STREET	
CITY-ST-ZIP	MOBILE AL 36603	
TITLE		<input type="checkbox"/> Delete
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		
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		

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:

T..B. Bender, Jr.

3/22/00

334-431-8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)