

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90018 033 \*\*\*150.00

0624938 AT

**DOCUMENT # 842527**  
 1. Entity Name  
**DUROCHER DOCK & DREDGE, INC.**

Principal Place of Business      Mailing Address  
**958 N HURON ST**      **958 N HURON ST**  
**PO BOX 8**      **PO BOX 8**  
**CHEBOYGAN MI 49721**      **CHEBOYGAN MI 49721**

2. Principal Place of Business      3. Mailing Address  
**958 N. Huron Street**      **958 N. Huron Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Cheboygan, MI**      **Cheboygan, MI**

Zip      Country      Zip      Country  
**49721**           **49721**           **49721**           **49721**

4. FEI Number      Applied For  
**38-1913872**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**F & L CORP.**  
**200 NORTH LAURA STREET**  
**THIRD FLOOR**  
**JACKSONVILLE FL 32202**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>VAN ANTWERP, FRANCIS J.</b>
STREET ADDRESS	<b>49 PARKWAY DR</b>
CITY-ST-ZIP	<b>CHEBOYGAN MI</b>
TITLE	<b>PTD</b> <input type="checkbox"/> Delete
NAME	<b>VAN ANTWERP, FRANCIS JR.</b>
STREET ADDRESS	<b>BIRCHWOOD LANE</b>
CITY-ST-ZIP	<b>CHEBOYGAN MI</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>WENGER, WILLIAM</b>
STREET ADDRESS	<b>MULLET LAKE RD</b>
CITY-ST-ZIP	<b>CHEBOYGAN MI</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>NEFF, STANLEY</b>
STREET ADDRESS	<b>5619 TWIN LAKES RD</b>
CITY-ST-ZIP	<b>CHEBOYGAN MI</b>
TITLE	<b>ASQ</b> <input checked="" type="checkbox"/> Delete
NAME	<b>PHILLIPS, MICHAEL</b>
STREET ADDRESS	<b>901 DUCAN AVE</b>
CITY-ST-ZIP	<b>CHEBOYGAN MI</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>RANDALL, ROBERT</b>
STREET ADDRESS	<b>2056 WAX MYRTLE CT</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Addition
NAME	<b>ASQ</b>
STREET ADDRESS	<b>Damone Sorensen</b>
CITY-ST-ZIP	<b>621 Snow Apple Ct.</b> <b>Cheboygan, MI 49721</b>
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: *Damone Sorensen*      **1/7/02**      **231-627-5633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)