

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 857593**1. Entity Name
STATIA TERMINALS, INC.

Principal Place of Business 800 FAIRWAY DRIVE SUITE 295 DEERFIELD BEACH 33441 US	FL	Mailing Address 800 FAIRWAY DRIVE SUITE 295 DEERFIELD BEACH 33441 US	FL
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2. Principal Place of Business

3. Mailing Address
800 FAIRWAY DRIVE (TAX DEPT)

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 295

City & State

City & State
DEERFIELD BEACH FL

Zip Country

Zip Country
33441 US4. FEI Number
59-2317192Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentUNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL
32301 US**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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VSGC	<input type="checkbox"/> Delete
NAME	PINE J R	
STREET ADDRESS	800 FAIRWAY DR STE 295	
CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	FRANKLIN J D	
STREET ADDRESS	800 FAIRWAY DR, STE 295	
CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN J D	
STREET ADDRESS	800 FAIRWAY DR STE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	RUSSO ROBERT R.	
STREET ADDRESS	800 FAIRWAY DRIVE STE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO ROBERT R.	
STREET ADDRESS	800 FAIRWAY DR STE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	VT	<input type="checkbox"/> Delete
NAME	BRENNER JAMES F.	
STREET ADDRESS	800 FAIRWAY DRIVE SUITE 295	
CITY-ST-ZIP	DEERFIELD FL	

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER JAMES F.	
STREET ADDRESS	800 FAIRWAY DR STE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	CPD	<input type="checkbox"/> Delete
NAME	CAMERON, JAMES G.	
STREET ADDRESS	800 FAIRWAY DRIVE SUITE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, JAMES G.	
STREET ADDRESS	800 FAIRWAY DR STE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON THOMAS M. J	
STREET ADDRESS	800 FAIRWAY DRIVE SUITE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON THOMAS M. J	
STREET ADDRESS	800 FAIRWAY DR STE 295	
CITY-ST-ZIP	DEERFIELD BEACH FL	

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: JAMES F. BRENNER

VT 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)