

2002 UNIFORM BUSINESS REPORT (UBR)

001151 AT

DOCUMENT-# **A02063**

1. Entity Name
SEABULK TANKERS, LTD.

FILED
02 APR 25 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
P.O. BOX 13038
FT LAUDERDALE FL 33316

Mailing Address
ATTN: LEGAL DEPT.
PO BOX 13038
FT. LAUDERDALE FL 33316-0100

MJH



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-1444561**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TWAITS, ALAN R.
2200 ELLER DR., BLDG. 27
FT. LAUDERDALE FL 33316

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.

9. Capital Contributions as Shown on record. **\$86,812,383.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$93,266,340**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F38963
NAME	HVIDE MARINE TRANSPORT, INCORPORATED
STREET ADDRESS	2200 ELLER DR., PO BOX 13038
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	200005508732--2
	-05/14/02--01037--009
	2276.25 *526.25
	FF \$526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SB Trinch* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/02 **523-2200**

Date Daytime Phone #

CR2E003 (9/01)