

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25754**

1. Entity Name

PORT CANAVERAL STEVEDORING, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 15



Principal Place of Business

P.O. BOX 572
CAPE CANAVERAL FL 32920

Mailing Address

P.O. BOX 572
CAPE CANAVERAL FL 32920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2870120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BISTLINE, HAROLD T.
BUILDING I, SUITE 10
1970 MICHIGAN AVE.
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name **Rhonda A. Lee**
Street Address (P.O. Box Number is Not Acceptable)
400 Harbor Drive
City **Cape Canaveral** **FL** Zip Code **32920**

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 **Rhonda A. Lee**

Signature, typed or printed name of registered agent and title if applicable.

Rhonda A. Lee

4/8/02
DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **H16389**
NAME **PORT CANAVERAL STEVEDORING INC.**
STREET ADDRESS **9012 HERRING STREET**
CITY-ST-ZIP **PORT CANAVERAL FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **9025 N. Atlantic Avenue**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **100005293341--2**
04/18/02 01062 002
******141.25 ****141.25**

DOCUMENT #
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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

Rhonda A. Lee

Rhonda A. Lee

4/8/02

321-783-9623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

00088005 AT