

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90252 002 \*\*\*150.00

DOCUMENT # F00000000026

1. Entity Name  
SEABULK INTERNATIONAL, INC.



Principal Place of Business  
2200 ELLER DRIVE, BLDG. 27  
FT. LAUDERDALE FL 33324

Mailing Address  
2200 ELLER DRIVE, BLDG. 27  
FT. LAUDERDALE FL 33324

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 65-0966399

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>KURZ, GERHARD E<br>2200 ELLER DRIVE, BLDG. 27<br>FT. LAUDERDALE FL 33316      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>TWAITS, ALAN R<br>2200 ELLER DRIVE, BLDG. 27<br>FT. LAUDERDALE FL 33316       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>BRAUNINGER, ANDREW W<br>2200 ELLER DRIVE, BLDG. 27<br>FT. LAUDERDALE FL 33316 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>O'CONNELL, JOHN J<br>2200 ELLER DRIVE, BLDG. 27<br>FORT LAUDERDALE FL 33316   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>WILLRICH, L. STEPHEN<br>2200 ELLER DRIVE, BLDG. 27<br>FT. LAUDERDALE FL 33316 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>LUDT, WILLIAM R<br>2200 ELLER DRIVE, BLDG. 27<br>FT. LAUDERDALE FL 33316      | <input checked="" type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP/T/<br>deSostoa, Vincent J.<br>2200 Eller Dr.<br>Ft. Lauderdale, FL 33316 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>Francois, Larry D.<br>2200 Eller Dr.<br>Ft. Lauderdale, FL 33316      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>Rogers, Kenneth M.<br>2200 Eller Dr.<br>Ft. Lauderdale, FL 33316      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Pellicci, Michael J.<br>2200 Eller Dr.<br>Ft. Lauderdale, FL 33316     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Thyssen, Hubert E.<br>2200 Eller Dr.<br>Ft. Lauderdale, FL 33316       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Denning, A. Thomas<br>2200 Eller Dr.<br>Ft. Lauderdale, FL 33316       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/23/03

(954) 523-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Alan R. Twaits, Secretary

Date Daytime Phone #

CR2E034 (10/02)