

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002143

1. Entity Name

FENTRESS MARINE CORPORATION

Principal Place of Business

2320 10TH STREET S.E.
LARGO FL

Mailing Address

2320 10TH STREET S.E.
LARGO FL

2. Principal Place of Business

2320 10TH ST S.E.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

FLORIDA

Zip

33771

Country

USA

Zip

33771

Country

USA

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PD
NAME GLASTRIS, WILLIAM V JR.
STREET ADDRESS 70 WEST MADISON STREET, SUITE 2730
CITY-ST-ZIP CHICAGO IL 60602 ☐ Delete

TITLE VSTD
NAME BENFORD, EDWARD H
STREET ADDRESS 70 WEST MADISON STREET, SUITE 2730
CITY-ST-ZIP CHICAGO IL 60602 ☐ Delete

TITLE AS
NAME WILEN, ROGER R
STREET ADDRESS 10 SOUTH WACKER DRIVE, SUITE 4000
CITY-ST-ZIP CHICAGO IL 60606 ☐ Delete

TITLE ~~VS~~
NAME ~~EVINS, DAVID M~~
STREET ADDRESS ~~40 SANATON CENTER BLVD #143~~
CITY-ST-ZIP ~~SPRINGFIELD FL 32740~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~VS~~
NAME ~~EVINS, DAVID M~~
STREET ADDRESS ~~40 SANATON CENTER BLVD #143~~
CITY-ST-ZIP ~~SPRINGFIELD FL 32740~~ ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

David M. Evins DAVID M. EVINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

(941) 378-5755
Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)