

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90181 021 ***150.00

DOCUMENT # **F01000002289**

1. Entity Name
MARINE CROSS COUNTRY, INC.



Principal Place of Business
PO BOX 26778
GREENVILLE SC 29616

Mailing Address
PO BOX 26778
GREENVILLE SC 29616

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 **57-0994024**

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

REGISTERED AGENTS LEGAL SERVICES, INC.
914 4TH STREET, 2ND FL
MIAMI BEACH FL 33139

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	HARVEY, EDDIE	
STREET ADDRESS	49 ORCHARD PARK APT #33	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, JAMES E	
STREET ADDRESS	707 CHEROKEE LANE	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUINN, MICHAEL	
STREET ADDRESS	49 ORCHARD PARK DR.	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENBOW, DAVID W	
STREET ADDRESS	165 SOUTH UNION BLVD STE 250	
CITY - ST - ZIP	LAKEWOOD CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	105 GREEN ARBOR LNE
CITY - ST - ZIP	GREENVILLE, SC 29615
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	710 LADY HILLINGDON COURT
CITY - ST - ZIP	GREER, SC 29650
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: **Eddie B. Harvey** **2/21/03** **864-281-0041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)