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## COR AMND/RESTATE/CORRECT OR O/D RESIGN BULPRIDE MARINE PROFESSIONALS INC.

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EXAMINER

3/8/2011

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	FLORIDA DEPART DIVISION OF CO				AM 9:	
AFFIDAVIT BY FORI	EIGN CORPORA AND/OR DI	TION TO C RECTOR(S	HANGE )	ADD OFF	(CERIS)	50 rd
(Note: Ap	plicable only during the i	first calendar ye	ar of qualific	ation)		
1. The name of the foreign BU	corporation as it apperrs			•	State is:	
2. This entity was authorize number is F110	ed to transact business in 100000763	Florida on	2/18/11	_ and its Florid	a document	:
3. This corporation was for	med under the laws of	De	laware			
4. The name and address of		ctor is as follow:				
<u>Titie:</u>		<u>Name and</u>	Address			
<u>C</u>		MELTON	I, SHARO	N		
		36443 P	AGE DRIV	/E	<u>.</u>	
		DENHAN	M SPRING	S LA 70706		
VC		BROWN	<u>, MIÇHAE</u>	L		
		1825 PA	RKER RO	AD, #511		
		CONYE	RS GA 300	)94	·	
D		SEAMAN	SEAMAN, DEBORAH			
		1102 N. MEMPHIS AVENUE #5108				
		LUBBOO	<u>CK TX 794</u>	15	<b></b>	
D		MELTON	N. ANDRE	W		
		PO BOX	799			
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n j Dee	→(Attach additional pa	iges if necessary	)			
D: Seaman			Direct		_	
Signature of an officer or director			le of person si			
DEBORAH SEAMAN Typed or printed name of person sign	ing		<u>NG FEE \$35</u>		9	
A have a fundamented fundamented	Make cb ad Divisio 1 c	s payable to Flori of Corporations•P	ida Departmen D Box 6327•1	nt of State and Ma Callabassee, FL 32	ul to: 2314	

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'NO. 4366 P. 3

- MAR. 8. 2011 3:56PM CAPITAL CONNECTION



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) **AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is: BULPRIDE MARINE PROFESSIONALS INC.

2. This entity was authorized to transact business in Florida on \_\_\_\_\_2/18/11 \_\_\_\_ and its Florida document number is \_\_\_\_\_ F11000000763

3. This corporation was formed under the laws of \_ Delaware

4. The name and address of each officer and/or director is as follows:

<u>Title:</u>	
Manager	

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Name and Address

Lovejoy, Clarence 50 4600 TOUCHTON ROAD Bld. #100, Ste **JACKSONVILLE FL 32246** 

(Attach additional pages if necessary)

Director

Title of person signing

FILING FEE \$35

Make che iks payable to Florida Department of State and Mail to: Division of Corporations\*PO Box 6327 Tallabassee, FL 32314

mature of an officer or director

DEBORAH SEAMAN Typed or printed name of person signing

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