

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90027 012 ***150.00

0258370

DOCUMENT # F17650

1. Entity Name
ATKINSON MARINE, INC.

Principal Place of Business
235 SW 32 COURT
FT LAUDERDALE FL 33315

Mailing Address
235 SW 32 COURT
FT LAUDERDALE FL 33315

2. Principal Place of Business
300 N. FEDERAL Hwy
 Suite-Apt. #, etc.

3. Mailing Address
300 N. FEDERAL Hwy.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DANIA BEACH, FL
 Zip
33004
 Country
BROWARD

City & State
DANIA BEACH, FL
 Zip
33004
 Country
BROWARD

4. FEI Number **59-2060153**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHES, M. DANIEL, ESQ.
3000 NORTH FEDERAL HIGHWAY
BUILDING TWO, SUITE 200
FT. LAUDERDALE FL 33306

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 _____ (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 **P** ☐ Delete
 NAME **MIDDLETON, WILLIAM T**
 STREET ADDRESS **235 S.W. 32 COURT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE **ST** ☐ Delete
 NAME **COLLINS, J. FRED**
 STREET ADDRESS **235 S.W. 32 COURT**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/2001 954-922-4425
 Date Daytime Phone #

CR2E034 (10/00)