

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90010 037 \*\*\*150.00

DOCUMENT # F36598

1. Entity Name

FREPORT MARINE REPAIR, INC.

Principal Place of Business

SHIPYARD ROAD  
BOX 49  
FREEPORT FL 32439

Mailing Address

SHIPYARD ROAD  
BOX 49  
FREEPORT FL 32439

2. Principal Place of Business

116 Shipyard Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2073324

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, JAMES M  
SHIPYARD RD  
FREEPORT FL 32439

Name

Street Address (P.O. Box Number is Not Acceptable)

116 Shipyard Road

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MURRAY, JAMES M.  
SHIPYARD ROAD  
FREEPORT FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MURRAY, GAIL M  
SHIPYARD ROAD  
FREEPORT FL

☐ Delete

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

TITLE  
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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)(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:

JAMES M. MURRAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. MURRAY

Date

1-16-01

850-835-4125  
Daytime Phone #

CR2E034 (10/00)