

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000002609**

1. Entity Name

HALTER MARINE PANAMA CITY, INC.

Principal Place of Business

**13085 SEAWAY ROAD
GULFPORT MS 39503
US**

Mailing Address

**13085 SEAWAY ROAD
GULFPORT MS 39503
US**

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

75-2482392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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, 2002 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 **CEO** ☐ Delete
NAME **ALFORD, JOHN F**
STREET ADDRESS **13085 SEAWAY RD**
CITY-ST-ZIP **GULFPORT MS 39503**

TITLE **P** ☐ Delete
NAME **MCCREARY, RICHARD T**
STREET ADDRESS **13085 SEAWAY ROAD**
CITY-ST-ZIP **GULFPORT MS 39503**

TITLE **EVP** ☒ Delete
NAME **CHAMPAGNE, ROBERT L**
STREET ADDRESS **13085 SEAWAY ROAD**
CITY-ST-ZIP **GULFPORT MS 39503**

TITLE **SVP** ☒ Delete
NAME **DE CLERC, CHARLES R**
STREET ADDRESS **13085 SEAWAY ROAD**
CITY-ST-ZIP **GULFPORT MS 39503**

TITLE **VCAS** ☐ Delete
NAME **SIBEN, JOHN J**
STREET ADDRESS **13085 SEAWAY RD**
CITY-ST-ZIP **GULFPORT MS 39503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200005081282-3**
CITY-ST-ZIP **-03/11/02--01073--004**
******300.00 ****150.00**

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

TITLE ☒ Change ☐ Addition
NAME **Anil Raj**
STREET ADDRESS **Chief Operating Officer**
CITY-ST-ZIP **13085 Seaway Rd.
Gulfport, MS 39503**

TITLE ☒ Change ☐ Addition
NAME **Robert Shepherd**
STREET ADDRESS **Sr. V.P.-Admin.**
CITY-ST-ZIP **13085 Seaway Rd.
Gulfport, MS 39503**

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

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:

Robert Shepherd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

(228) 897-4933

Date

Daytime Phone #

0626034 AT

CR2E034 (9/01)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR -1 PM 4:00



DO NOT WRITE IN THIS SPACE