

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000004330**

1. Entity Name

TRANSMARINE NAVIGATION CORPORATION**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90070 046 ***150.00

Principal Place of Business

Mailing Address

412 E MADISON ST
STE 917
TAMPA FL 33602
US**412 E MADISON ST**
STE 917
TAMPA FL 33602
US**00021304**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

412 20TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3375

Suite, Apt. #, etc.

City & State

INDIAN ROCKS BEACH, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

98-0055482

Applied For

Not Applicable

Zip

33785

Country

UNITED STATES

Zip

33601-3375

Country

UNITED STATES5. 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

GRAY, ROBERT
412 E MADISON ST
STE 917
TAMPA FL 33602

Name

MS. TERRY HAMILTON WOLLIN

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

412 20TH AVENUE

City

INDIAN ROCKS BEACH**FL**Zip Code
33785

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 **TERRY HAMILTON WOLLIN-OPERATIONS MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Terry Hamilton Wollin 27 Feb 019. 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 State10. 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 **P** ☐ Delete
NAME **WHITTINGTON, PETER M. CAPT.**
STREET ADDRESS **6592 TROTTER DRIVE**
CITY-ST-ZIP **HUNTINGTON BCH CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **CRESS, MICHAEL M**
STREET ADDRESS **6582 DOHRN CIRCLE**
CITY-ST-ZIP **HUNTINGTON BEACH CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **NGUYEN, PHU**
STREET ADDRESS **8049 E TIMBERLAND AVE**
CITY-ST-ZIP **ORANGE CA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **COADY, ART**
STREET ADDRESS **301 EAST OCEAN BLVD., SUITE 570**
CITY-ST-ZIP **LONG BEACH CA 90802**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **CAPT. PETER M. WHITTINGTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 FEB 01 562-951-8260

Date

Daytime Phone #

CR2E034 (10/00)