

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000004460**

1. Entity Name

**CONBULK STEVEDORING & TERMINAL SERVICES, INC.****FILED****Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90026 021 \*\*\*150.00

Principal Place of Business

Mailing Address

~~P.O. BOX 2253~~  
~~SAVANNAH GA 31402~~P.O. BOX 2253  
SAVANNAH GA 31402

2. Principal Place of Business

3. Mailing Address

*One Harbor Street*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

*Savannah, GA*

Zip

Country

Zip

Country

*31401**USA*4. FEI Number **58-2063230**

Applied For

Not Applicable

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

SCHULER, ROBERT

~~5051 PROPELLER DRIVE~~JACKSONVILLE FL ~~32209~~

Name

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

*2085 Talleyrand Avenue*

City

*Jacksonville*

FL

Zip Code

*32206*

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	C	<input type="checkbox"/> Delete
NAME	PEEPLS, FRANK K	
STREET ADDRESS	<del>6001 CHATHAM CENTER DRIVE, SUITE 350</del>	
CITY-ST-ZIP	<del>SAVANNAH GA 31405</del>	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>One Harbor Street</i>
CITY-ST-ZIP	<i>31401</i>

TITLE	P	<input type="checkbox"/> Delete
NAME	MAYFIELD, E. GAY	
STREET ADDRESS	<del>6001 CHATHAM CENTER DRIVE, SUITE 350</del>	
CITY-ST-ZIP	<del>SAVANNAH GA 31405</del>	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>One Harbor Street</i>
CITY-ST-ZIP	<i>31401</i>

TITLE	S	<input type="checkbox"/> Delete
NAME	COX, ANN P.	
STREET ADDRESS	<del>6001 CHATHAM CTR. DR. STE 350</del>	
CITY-ST-ZIP	<del>SAVANNAH GA 31405</del>	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Cox, Ann P.</i>
STREET ADDRESS	<i>One Harbor Street</i>
CITY-ST-ZIP	<i>31401</i>

TITLE	VT	<input type="checkbox"/> Delete
NAME	BENTON, JOHN R JR	
STREET ADDRESS	<del>6001 CHATHAM CENTER DRIVE, SUITE 350</del>	
CITY-ST-ZIP	<del>SAVANNAH GA 31405</del>	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>One Harbor Street</i>
CITY-ST-ZIP	<i>31401</i>

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ann P. Cox, Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/3/01*

Date

*912-239-1331*

Daytime Phone #

CR2E034 (10/00)