

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-27-2002 90044 020 ***150.00

DOCUMENT # F94000006112

1. Entity Name

WILMINGTON SHIPPING COMPANY

Principal Place of Business

**330 SHIPYARD BLVD.
WILMINGTON NC 28412**

Mailing Address

**330 SHIPYARD BLVD.
WILMINGTON NC 28412**

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

56-0477767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEST, ALAN
9951 ATLANTIC BLVD
SUITE 132
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

Brian Cronin

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

9951 Atlantic Blvd.

Suite 132

City

Jacksonville

FL

Zip Code

32225

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 *Brian Cronin*

Brian Cronin

4/8/2002

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 NAME	PD EMERSON, WILLIAM P JR	<input type="checkbox"/> Delete
STREET ADDRESS	330 SHIPYARD BLVD.	
CITY-ST-ZIP	WILMINGTON NC 28412	
TITLE NAME	VSD RUFFIN, PETER B JR	<input type="checkbox"/> Delete
STREET ADDRESS	330 SHIPYARD BLVD.	
CITY-ST-ZIP	WILMINGTON NC 28412	
TITLE NAME	VTD HUTCHENS, ROBERT F	<input type="checkbox"/> Delete
STREET ADDRESS	330 SHIPYARD BLVD.	
CITY-ST-ZIP	WILMINGTON NC 28412	
TITLE NAME	V CRAIG, WILLIAM G	<input type="checkbox"/> Delete
STREET ADDRESS	330 SHIPYARD BLVD.	
CITY-ST-ZIP	WILMINGTON NC 28412	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

3-14-02 910 392 8210

Date

Daytime Phone #

CR2ED34 (9/01)