

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90990 041 ***150.00

0671104 AR

DOCUMENT # F96000002100

1. Entity Name
DUTRA DREDGING COMPANY



Principal Place of Business
1000 POINT SAN PEDRO RD
SAN RAFAEL CA 94901

Mailing Address
1000 POINT SAN PEDRO RD
SAN RAFAEL CA 94901

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 **68-0343998**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEWART, HARRY K	
STREET ADDRESS	1000 POINT SAN PEDRO RD	
CITY-ST-ZIP	SAN RAFAEL CA 94901-8312	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WERNER, DAVID E	
STREET ADDRESS	1000 PT SAN PEDRO RD	
CITY-ST-ZIP	SAN RAFAEL CA 94901-8312	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	HACKWORK, WILSON B	
STREET ADDRESS	1000 POINT SAN PEDRO RD	
CITY-ST-ZIP	SAN RAFAEL CA 94901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLOGG, JOSEPH C	
STREET ADDRESS	1000 POINT SAN PEDRO RD	
CITY-ST-ZIP	SAN RAFAEL CA 94901	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, LT JOHN W	
STREET ADDRESS	1000 POINT SAN PEDRO RD	
CITY-ST-ZIP	SAN RAFAEL CA 94901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILFILLAN, G W	
STREET ADDRESS	1000 PT SAN PEDRO RD	
CITY-ST-ZIP	SAN RAFAEL CA 94901	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Harry K.	
STREET ADDRESS	1000 Pt San Pedro Road	
CITY-ST-ZIP	San Rafael, Ca 94901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, K. W.	
STREET ADDRESS	1000 Pt San Pedro Road	
CITY-ST-ZIP	San Rafael, Ca 94901	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dutra, Bill T.	
STREET ADDRESS	1000 Pt San Pedro Road	
CITY-ST-ZIP	San Rafael, CA 94901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keller, Stephen F.	
STREET ADDRESS	1000 Pt San Pedro Road	
CITY-ST-ZIP	San Rafael, CA 94901	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/2/03

415/ 258-6876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)