

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90190 010 ***150.00

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DOCUMENT # F96000004554

1. Entity Name
SERVICE OFFSHORE PAINTING, INC.



Principal Place of Business
**1670 E. CARDINAL DRIVE
BEAUMONT TX 77705**

Mailing Address
**1670 E. CARDINAL DRIVE
BEAUMONT TX 77705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **76-0280433**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P DAVIS, JEFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	7305 UP RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	CORPUS CHRISTI TX 78409	CITY-ST-ZIP	
<input type="checkbox"/> Delete	ST DUCHARME, LARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1670 E. CARDINAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX 77705	CITY-ST-ZIP	
<input type="checkbox"/> Delete	D BROCK, BRAD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1670 E. CARDINAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX 77705	CITY-ST-ZIP	
<input type="checkbox"/> Delete	D BOURQUEIN, LORIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1670 E. CARDINAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX 77705	CITY-ST-ZIP	
<input type="checkbox"/> Delete	D BROCK, TODD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1670 E. CARDINAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX 77705	CITY-ST-ZIP	
<input type="checkbox"/> Delete	T SMITH, PHIL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1670 E CARDINAL DR.	STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX 77705	CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/03

Date

409 833 6226

Daytime Phone #

CR2E034 (10/02)