2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F97000006428** Apr 03, 2000 8:00 am Secretary of State CHARTER MARINE & INDUSTRIAL SERVICES, INC. 04-03-2000 90197 031 ***150.00 Mailing Address Principal Place of Business 7851 PINE FOREST RD 7851 PINE FOREST RD PENSACOLA FL 32526-8701 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3455429 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name LAMBERT, KENNETH Street Address (P.O. Box Number is Not Acceptable) 418 TAMPICO WAY PENSACOLA FL 32506 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President X. Change ☐ Addition VSD TITLE ☐ Delete TITLE Kenneth Lambert LAMBERT, KENNETH NAME NAME 418 TAMPICO Way STREET ADDRESS STREET ADDRESS 418 TAMPICO WAY CITY-ST-ZIP Pensacola, A 32506 CITY-ST-ZIP PENSACOLA FL 32506 Vice President Change Addition TITLE ☐ Delete TITLE ECKERT, DEBORAH A NAME Deborah A. Eckert NAME Po BX 520 Bonzalez, F1 32500 STREET ADDRESS STREET ADDRESS PO BOX 520 (N/A) CITY-ST-ZIP CITY-ST-ZIP **GONZALEZ FL 32560** Delete Change ☐ Addition -TITLE Treasurer -TITLE NAME NAME STEPHEN, K.W. Lavonne Stephens STREET ADDRESS STREET ADDRESS PO BOX 520 (N/A) 20.BX 520 CITY-ST-ZIP CITY-ST-ZIP 32 560 **GONZALEZ FL 32560** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

3. 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 employered 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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