2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
08-01-2001 90195 031 ***150.00

DOCUMENT # F97000006428

1. Entity Name
CHARTER MARINE & INDUSTRIAL SERVICES, INC.

Principal Place of Business	Mailing Address
7851 PINE FOREST RD PENSACOLA FL 32526	7851 PINE FOREST RD PENSACOLA FL 32526

9905

DO NOT WRITE IN THIS SPACE

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 59-3455429

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
LAMBERT, KENNETH 418 TAMPICO WAY PENSACOLA FL 32506	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.

SIGNATURE ______ DATE

9. [illegible] ☐

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMBERT, KENNETH 418 TAMPICO WAY PENSACOLA FL 32506	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ECKERT, DEBORAH A P.O. BOX 520 GONZALEZ FL 32560	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEPHENS, LAVONNE PO BOX 520 (N/A) GONZALEZ FL 32560	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section [illegible], Florida Statutes. I [illegible] that the [illegible] report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; [illegible] or an officer of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears [illegible] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/26/01 850-944-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR