

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90150 001 ***300.00

DOCUMENT # F99000000206

1. Entity Name

HALTER MARINE, INC.

Principal Place of Business

**13085 SEAWAY ROAD
GULFPORT MS 39503**

Mailing Address

**13085 SEAWAY ROAD
GULFPORT MS 39503-4607**

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

75-2429106

Applied For

Not Applicable

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.

SIGNATURE

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, 2000 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 TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	DANE, JOHN III	13085 SEAWAY ROAD	GULFPORT MS 39503	<input type="checkbox"/>
PCOO	MORTIMER, DANIEL J	13085 SEAWAY ROAD	GULFPORT MS 39503	<input checked="" type="checkbox"/>
EVAS	REES, RICK S	13085 SEAWAY ROAD	GULFPORT MS 39503	<input type="checkbox"/>
VCFO	VOIGTS, KEITH L	13085 SEAWAY ROAD	GULFPORT MS 39503	<input checked="" type="checkbox"/>
VGCS	SULLIVAN, MAUREEN O	13085 SEAWAY ROAD	GULFPORT MS 39503	<input type="checkbox"/>
V	ALMERICO, VINCENT R	13085 SEAWAY ROAD	GULFPORT MS 39503	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Sr. VP & Treas.	Emile Dumesnil	13085 Seaway Road	Gulfport, MS 39503	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sr. V.P. Vessel Operations	Wayne J. Bourgeois	13085 Seaway Road	Gulfport, MS 39503	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sr. VP Sales	Sidney C. Mizell	13085 Seaway Road	Gulfport, MS 39503	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sr. VP Corp. Affairs	Harvey B. Walpert	13085 Seaway Road	Gulfport, MS 39503	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE

(228) 897-4922

Maureen O. Sullivan, Sr. VP Secretary

Date

Daytime Phone #