

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006504
 1. Entity Name
 Hornblower Marine Services Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90010 014 ***150.00

00058336

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Pier 3
 San Francisco, CA 94111

Mailing Address
 ← Same

2. Principal Place of Business
 Pier 3
 Suite, Apt. #, etc.
 San Francisco, CA
 City & State
 Zip 94111 Country US

3. Mailing Address
 Pier 3
 Suite, Apt. #, etc.
 San Francisco, CA
 City & State
 Zip 94111 Country US

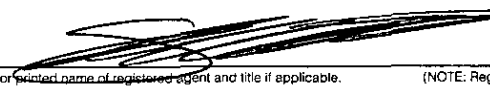
4. FEI Number 94-3014623 Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
 Hornblower Marine Services Inc.
 4610 Ocean St.
 Mayport, FL 32233

7. Name and Address of New Registered Agent
 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  Controller DATE 5-8-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	President & C.O.O.	<input type="checkbox"/> Delete
NAME	John Waggoner	
STREET ADDRESS	55 Taurus Drive	
CITY-ST-ZIP	Novato, CA 94947	
TITLE	Terry MacRae	<input type="checkbox"/> Delete
NAME	Chairman	
STREET ADDRESS	Pier 3	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:  Sandra Stuart 5800 (415) 438-8333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)