

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J17287**

1. Entity Name

HARBOURSIDE MARINE & TANKERMAN SERVICE, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90057 011 ***150.00

Principal Place of Business

% JAMES W. GOODWIN
111 E MADISON, SUITE 2300
TAMPA FL 33602

Mailing Address

% JAMES W. GOODWIN
111 E MADISON, SUITE 2300
TAMPA FL 33602

977040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 N Tampa Street

Suite, Apt. #, etc.
Suite 2300City & State
Tampa FLZip
33602

Country

3. Mailing Address

400 N Tampa Street

Suite, Apt. #, etc.
Suite 2300City & State
Tampa FLZip
33602

Country

4. FEI Number 59-2694052

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W.
400 N TAMPA STREET STE 2300
TAMPA FL 33602

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDEN, JAMES D. 5364 EHRlich RD, #369 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARDEN, SUSAN J. 5364 EHRlich RD, #369 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Susan J. Harden

4-24-01

813 920-8043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

MACFARLANE FERGUSON & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

500 SOUTH FLORIDA AVENUE
SUITE 240
LAKELAND, FLORIDA 33801
(863) 680-9908 FAX (863) 683-2849

400 NORTH TAMPA STREET, SUITE 2300
P.O. BOX 1531 (ZIP 33601)
TAMPA, FLORIDA 33602
(813) 273-4200 FAX (813) 273-4396

625 COURT STREET
P.O. BOX 1669 (ZIP 33757)
CLEARWATER, FLORIDA 33756
(727) 441-8966 FAX (727) 442-8470

IN REPLY REFER TO:

Tampa

April 26, 2001

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

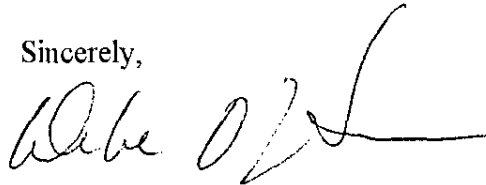
Re: 2001 Uniform Business Report

Dear Sir/Madam:

Enclosed for filing please find the completed and signed UBR and a check for \$150.00 for Document # J17287, HARBOURSIDE MARINE & TANKERMAN SERVICE, INC.

If you need anything further or have any questions please call me at (813) 273-4200 ext. 4255.

Sincerely,



Debe O'Hern
Assistant to JAMES W. GOODWIN

Enclosures

Attachment
977040
J17287