

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # J33787**1. Entity Name  
PFL STEVEDORING, INC.

Principal Place of Business 2900 GUY N VERGER BLVD TAMPA 33605 US	FL	Mailing Address PO BX 1842 TAMPA 33601 US	FL
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2744182

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PATE GEORGE H.  
4222 GARDEN LANETAMPA FL  
33610 US

## 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 \_\_\_\_\_ 02/09/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATE, TROY	
STREET ADDRESS	7110 WOODFIELD DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATE, GEORGE	
STREET ADDRESS	13702 WHITEBARK PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMIDT, RUDOLF	
STREET ADDRESS	4200 BAYSHORE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LITTLE, GARDELL	
STREET ADDRESS	1411 DE SOTO AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITSCHGI, BYRNE	
STREET ADDRESS	100 S ASHLEY DR #1400	
CITY-ST-ZIP	TAMPA FL	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, GARDELL	
STREET ADDRESS	9 KASSAHOLA DRIVE	
CITY-ST-ZIP	BREVARD NC 28712	
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:** George H. Pate

ST

02/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)