

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90201 033 \*\*\*150.00

**DOCUMENT # J49615**  
 1. Entity Name  
**ATLANTIC MARINE HOLDING COMPANY**

Principal Place of Business <b>8500 HECKSCHER DR JACKSONVILLE FL 32226</b>	Mailing Address <b>8500 HECKSCHER DR JACKSONVILLE FL 32226-2434</b>
---	--



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 **59-2869662**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THOMPSON, JR B N  
8500 HECKSCHER DR  
JACKSONVILLE FL 32226**

**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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GIBBS, GEORGE W., III</b> <b>8500 HECKSCHOR DR.</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>THOMPSON, JR B N</b> <b>1200 SAN AMARO RD</b> <b>JAX. FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOBRANO, III T S</b> <b>10420 SYLVAN LN W</b> <b>JAX FL 32217</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSTON, CRAWFORD L.</b> <b>5225 EDGEWOOD COURT</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSTON, CRAWFORD L. II</b> <b>5225 EDGEWOOD COURT</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOHERTY, EDWARD P.</b> <b>4105 VENETIA BLVD</b> <b>JACKSONVILLE FL</b>

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: *Byron N. Thompson Jr.*  
 BYRON N. THOMPSON JR.  
 Date: **4/11/00** Daytime Phone #: **(904-251-1512)**

CR2E034 (9/99)