2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90035 004 ***150.00

DOCUMENT # J49615

1. Entity Name
ATLANTIC MARINE HOLDING COMPANY

Principal Place of Business	Mailing Address
8500 HECKSCHER DR JACKSONVILLE FL 32226	8500 HECKSCHER DR JACKSONVILLE FL 32226

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	7. Name and Address of New Registered Agent
THOMPSON, JR B N 8500 HECKSCHER DR JACKSONVILLE FL 32226	Name: THOMPSON, BYRON N JR. Street Address (P.O. Box Number is Not Acceptable): 8500 HECKSCHER DR City: JACKSONVILLE FL Zip Code: 32226

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 _____ DATE
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, 2002 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	CD GIBBS, GEORGE W., III 8500 HECKSCHOR DR. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GIBBS, GEORGE W., III 8500 HECKSCHER DR JACKSONVILLE FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THOMPSON, JR B N 1200 SAN AMARO RD JAX FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THOMPSON, BYRON N. JR 8500 HECKSCHER DR JACKSONVILLE FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOBRANO, III T S 10420 SYLVAN LN W JAX FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOBRANO, T. S. III 8500 HECKSCHER DR JACKSONVILLE FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, CRAWFORD L. 5225 EDGEWOOD COURT JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, CRAWFORD L. 8500 HECKSCHER DR JACKSONVILLE FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, CRAWFORD L. II 5225 EDGEWOOD COURT JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, CRAWFORD L. II 8500 HECKSCHER DR JACKSONVILLE FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOHERTY, EDWARD P. 4105 VENETIA BLVD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOHERTY, EDWARD P 8500 HECKSCHER DR JACKSONVILLE FL 32226	☒ Change ☐ Addition

CR2E034 (9/01)

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: _____ 4/22/02 904-251-1512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BYRON N. THOMPSON, JR.