

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J59311

1. Entity Name

RHODES MARINE SURVEYORS AND CONSULTANTS, INC.

Principal Place of Business

4701 N FEDERAL HWY
S-340, BOX C-8
LIGHTHOUSE POINT FL 33064
US

Mailing Address

4701 N FEDERAL HWY
S-340, BOX C-8
LIGHTHOUSE POINT FL 33064
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BERMAN, PHILIP M.
2424 NE 22ND STREET
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

EDMUND R. STANTON

Street Address (P.O. Box Number is Not Acceptable)

4701 N. Federal Hwy #340 Box C-8

City

LIGHTHOUSE POINT

FL

Zip Code

33064

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 and address required on this statement)

EDMUND R. STANTON

1/11/01

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME RHODES, JOHN M
STREET ADDRESS 1646 S.E. BALLANTINE BLVD N.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☐ Delete

TITLE VP
NAME RHODES, STEPHEN MICHAEL
STREET ADDRESS 1201 RIVER REACH DR 119
CITY-ST-ZIP FT LADUERDAEL FL ☐ Delete

TITLE ST
NAME STANTON, EDMUND R.
STREET ADDRESS 4701 N FEDERAL HWY, #340, C-8
CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Rhodes, President

Date

1/11/01 (954) 946-6779

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90078 043 ***150.00

00007458



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0127176