

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J71153

1. Entity Name

**B & W MARINE CONSTRUCTION, INC.**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90026 008 \*\*\*150.00

**C0037293**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4611 LAKESIDE DR JACKSONVILLE FL 32210</b>	Mailing Address <b>4611 LAKESIDE DR JACKSONVILLE FL 32210</b>
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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 <b>59-2620076</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
<b>WOODARD, ROBERT E. 4611 LAKESIDE DRIVE JACKSONVILLE FL 32210</b>

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 \_\_\_\_\_ 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, 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	DP
NAME	<b>WOODARD, ROBERT E.</b>
STREET ADDRESS	<b>4611 LAKESIDE DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	S
NAME	<b>CAMPBELL, SHEILA A</b>
STREET ADDRESS	<b>1269 YELLOW WATER RD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32234</b>
TITLE	V
NAME	<b>BOWERS, RAYMOND</b>
STREET ADDRESS	<b>3184 BYRON RD.</b>
CITY-ST-ZIP	<b>GREEN COVE SPRS. FL 32043</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: *Sheila Campbell* **SHEILA CAMPBELL** 2-13-01 904-382-4814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)