

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # K06494**1. Entity Name
SEABULK OCEAN SYSTEMS HOLDINGS CORPORATION

Principal Place of Business

2200 ELLER DR.
P O BOX 13038
FT LAUDERDALE
33316

FL

Mailing Address

2200 ELLER DR LEGAL DEPT
P O BOX 13038
FT LAUDERDALE
33316

FL

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

65-0021810

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

KINSEY WALTON SJR
2200 ELLER DRIVE BLDG 27FT LAUDERDALE
33316

FL

7. Name and Address of New Registered Agent

Name

TWAITS ALAN RSVP

Street Address (P.O. Box Number is Not Acceptable)
2200 ELLER DRIVE BLDG 27City
FT LAUDERDALE

FL

Zip Code
33316

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 **ALAN R. TWAITS****04/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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, 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEENEY, EUGENE F.	
STREET ADDRESS	2200 ELLER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ZORKERS WALTER S	
STREET ADDRESS	2200 ELLER DRIVE, P.O. BOX 13038	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD JEAN	
STREET ADDRESS	2200 ELLER DRIVE, P.O. BOX 13038	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYLE KEVIN S	
STREET ADDRESS	2200 ELLER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCH STEPHEN B	
STREET ADDRESS	2200 ELLER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNINGER ANDREW W	
STREET ADDRESS	2200 ELLER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	DSVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOUSS J. STEPHEN	
STREET ADDRESS	2200 ELLER DRIVE, P.O. BOX 13038	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZ GERHARD E	
STREET ADDRESS	2200 ELLER DRIVE, P.O. BOX 13038	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
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: **STEPHEN B. FINCH**

VSD

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)