## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K76203** 1. Entity Name

## SEAGULL MARINE SERVICES, INC.

## Principal Place of Business Mailing Address 10121 SINTON DRIVE 5131 N. PALAFOX ST. PENSACOLA FL 32505-2932 PENSACOLA FL 32507

**FILED** May 08, 2000 8:00 am Secretary of State

05-08-2000 90137 009 \*\*\*150.00



2. Principal P	Place of Business	3. Mailing Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State			4. FEI Number 65-0121436				oplied For ot Applicable	
Zip	Country Zip		Coun	Country				8.75 Additional ee Required		
	6. Name and Address of Current F	Registered Agent			7. 1	Name and Address of New Regis	tered Ag	ent		
				Name						
WOODRUFF, MARVIN L. 5131 N. PALAFOX ST. PENSACOLA FL FL 32505				Street Address (P.O. Box Number is Not Acceptable)						
PENDAGOLA PE PE 32300				City		. <u> </u>	FL	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing it	ts registere	ed office or regis	itered ag	ent, or both, in the State of Florida				
OIGH HOME	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signature requ	iired when re	einstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.0 After MAY 1, 2000 Fee will be \$55 Make Check Payable to Department			10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
11.	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND C	IRECTOR:	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODRUFF, MARVIN L. 5131 N. PALAFOX ST. PENSACOLA FL 32505							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODRUFF, LYNN C. 5131 N. PALAFOX ST. PENSACOLA FL 32505				- ·		[	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RON D. STROBO, 2101 TUCSON AVENUE	· ·		16%	ichel 131	S. Woodruff N. Alafax St uda, FL 32505		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENSACOLA FL 32526	☐ Delete	TITLE NAME STREE	- '	<u>1 (20</u>	ichic 10 -Do	(	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE				[	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			****		[	Change	Addition	

13. I hereby certify that the information supplied with this filling 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