

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K76203

1. Entity Name

SEAGULL MARINE SERVICES, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90074 039 ***150.00

Principal Place of Business

10121 SINTON DRIVE
PENSACOLA FL 32507

Mailing Address

5131 N. PALAFOX ST.
PENSACOLA FL 32505
US

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 65-0121436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODRUFF, MARVIN L.
5131 N. PALAFOX ST.
PENSACOLA FL FL 32505

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

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	P	☐ Delete
NAME	WOODRUFF, MARVIN L.	
STREET ADDRESS	5131 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	VP	☐ Delete
NAME	WOODRUFF, LYNN C.	
STREET ADDRESS	5131 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL-32505	
TITLE	S	☐ Delete
NAME	WOODRUFF, RACHEL S	
STREET ADDRESS	5131 N FALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: *RS Woodruff* R.S. Woodruff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

434-8880

Daytime Phone #

CR2E034 (10/00)