

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000000864

1. Entity Name

A-ONE DOCK BUILDERS CO. LTD

Principal Place of Business

3515 HECKSCHER DRIVE
JACKSONVILLE FL 32226

Mailing Address

3515 HECKSCHER DRIVE
JACKSONVILLE FL 32226

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BARTCHLETT, JEAN
3515 HECKSCHER DRIVE
JACKSONVILLE FL 32226

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

Jean S. Bartchlett

11/18/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Owner	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jean Bartchlett, MGR		
STREET ADDRESS	3515 Heckscher Dr.		
CITY-ST-ZIP	Jax. FL 32226		
TITLE	Owner-Manager	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Leo Bartchlett, MGR		
STREET ADDRESS	3515 Heckscher Dr.		
CITY-ST-ZIP	Jax FL 32226		
TITLE	Charles M. Steed MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	3515 Heckscher Dr.		
STREET ADDRESS	Jax. FL 32226 (foreman)		
CITY-ST-ZIP	300003782554		
TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	-02/27/01--01071--028		
STREET ADDRESS	*****50.00		
CITY-ST-ZIP	*****50.00		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Jean S. Bartchlett

Date

Daytime Phone #

11/18/2001

01 FEB 21 PM 1:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

0003259 AF

CF2E083 (11/00)