2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000864

AND TYPED OR PRINTED NAME OF

A-ONE DOCK BUILDERS CO. LTD

Principal Place of Business

Mailing Address

3515 HECKSCHER DRIVE JACKSONVILLE FL 32226

3515 HECKSCHER DRIVE JACKSONVILLE FL 32226

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	-

FILED Sep 29, 2002 8:00 am Secretary of State

09-29-2002 90004 014 ****50.00



DO NOT WRITE IN THIS SPACE

9/23/02 (904)751-8901

Applied For

Not Applicable

APPLIED FOR

4. FEI Number

	6. Name and Address of Current R	egistered Agent	Name	7. Name and Addres	ss of New Registered Agent	Required
BAR 251	RTCHLETT, JEAN		1 vanie			
- 001	15 HECKSCHER DRIVE	•	Street Address (P.O. Box Number is Not Acceptable)			
	CKSONVILLE FL 32226		 	<u> </u>		
<u> </u>						
		•	City		■ 7 <i>i</i> ′	D Code
J. The above	ve named entity submits this statement for tallions of registered agent.	the purpose of changing it	registered office or rec		FL Zip	Code
		• • •	, registered emoc or regit	stered agent, or both, in the	State of Florida. I am familiar	with, and accer
IGNATURE	,					
	Signature, typed or printed name of registered agent and	I title if applicable. (NOT	TE: Registered Agent signature requ	juired when reinstating)	DATE	
	and the second s	FILE NO	OW!!! FEE IS \$50.0	no	USIL	
	on the state of t	Make Check Pa	ayable to Department	nt of State		
		Due By	y September 25, 2002	2 Ci State	• • • •	
·	MANAGING MEMBERS	3/MANAGERS	10.			
île Ime	MGR	☐ Delete	TITLE	AD	ODITIONS/CHANGES	
REET ADDRESS	BARTCHLETT, JEAN		NAME		☐ Chan	inge 🔲 Additio
TY-ST-ZIP	3515 HECKSCHER DRIVE		STREET ADDRESS			
LE LE	JACKSONVILLE FL 32226 MGR		CITY-ST-ZIP			
· .	BARTCHLETT, LEO	☐ Delete	TITLE			
REET ADDRESS	3515 HECKSCHER DRIVE		NAME		☐ Chang	nge 🔲 Addition
_	JACKSONVILLE FL 32226		STREET ADDRESS			•
	MGR		_CITY-ST-ZIP			سند
ME	STEED, CHARLES M	☐ Delete	TITLE		Chang	ge 🔲 Addition
REET ADDRESS	3515 HECKSCHER DRIVE		NAME STREET ADDRESS			·
Y-SI-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP			
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EET ADDRESS . /-St-zip			STREET ADDRESS			
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ET ADDRESS		7	NAME STREET ADDRESS			L_/ Audition
ST-ZIP	-	,	STREET ADDRESS CITY-ST-ZIP			
hereby cert	tify that the information supplied with this !	filing does not qualify for th	l l			
naicatea on limited liabilit	rtify that the information supplied with this find this report is true and accurate and that mitty company or the receiver or trustee emporement.	ny signature shall have the	a exemption stated in Ser same legal effect as if r	ction 119.07(3)(i), Florida Sta	atutes. I further certify that the	information
	A gought and receiver of transfer all the	owered to execute this ren-	Jort as required by Chan	tor 600 Charlet ann a	managing member or manag	er of the

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Country