

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State
 09-29-2002 90004 014 ****50.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

59-3706343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTCHLETT, JEAN
 3515 HECKSCHER DRIVE
 JACKSONVILLE FL 32226**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|-----------------------|-----------------------|------|
| TITLE | NAME | TITLE | NAME |
| MGR | BARTCHLETT, JEAN | | |
| STREET ADDRESS | 3515 HECKSCHER DRIVE | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32226 | | |
| MGR | BARTCHLETT, LEO | | |
| STREET ADDRESS | 3515 HECKSCHER DRIVE | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32226 | | |
| MGR | STEED, CHARLES M | | |
| STREET ADDRESS | 3515 HECKSCHER DRIVE | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32226 | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/23/02 (904) 751-8901

Date

Daytime Phone #

CR2E083 (4/02)