

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90001 013 \*\*\*\*50.00

**DOCUMENT # L01000019528**

1. Entity Name

**COCKETT MARINE OIL (USA), LLC**



Principal Place of Business

C/O RAUL J. SALAS, ESO.  
201 S. BISCAYNE BLVD., STE. 1500  
MIAMI FL 33131

Mailing Address

C/O RAUL J. SALAS, ESO.  
201 S. BISCAYNE BLVD., STE. 1500  
MIAMI FL 33131

2. Principal Place of Business

1016 Clemons Street

3. Mailing Address

1016 Clemons Street

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Jupiter, Florida

City & State

Jupiter, Florida

Zip

33477

Country

USA

Zip

33477

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-0993053

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

CORPORATION COMPANY OF MIAMI

1600 MIAMI CENTER

201 SOUTH BISCAYNE BLVD., Suite 1500 (RJS)

MIAMI FL 33131

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **ADAMS, KERI**  
STREET ADDRESS **2401 PORT WEST BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1016 Clemons Street, Suite 206**  
CITY-ST-ZIP **Jupiter, Florida 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Keri A. Adams*  
**Keri A. Adams, Manager**

**561-745-5400**

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

Date

Daytime Phone #

CR2E083 (10/02)