

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90130 024 ****55.00

DOCUMENT # L01000022143

1. Entity Name
GULF MARINE TOWING, LLC



Principal Place of Business

**595 DREAM ISLAND RD
#33
LONGBOAT KEY FL 34228**

Mailing Address

**P.O. BOX 197
LONGBOAT KEY FL 34228**

20000028



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

617 Buttonwood Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longboat Key, FL

City & State

4. FEI Number **01-0598473**

Applied For

Not Applicable

Zip
34228

Country

Zip

Country

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

**MARSHALL, KIM
525 MELODY CIR
SARASOTA FL 34237**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMMONS, MICHAEL D
617 BUTTONWOOD DRIVE
LONGBOAT KEY FL 34228** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMMONS, SUSAN P
617 BUTTONWOOD DRIVE
LONGBOAT KEY FL 34228** ☐ Delete

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

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☐ Change ☐ Addition

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: **SUSAN P. AMMONS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (10/02)