

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90570 032 ****50.00

DOCUMENT # L02000002588

1. Entity Name

OCEAN TRANSPORT MARINE SERVICES, LLC



Principal Place of Business

2188 OVERSEAS HWY
MARATHON FL 33050
US

Mailing Address

PO BOX 289
KEY WEST FL 33041

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

01-0620640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JERRY
5409 OVERSEAS HWY
342
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name: JOHNSON, JERRY
Street Address (P.O. Box Number is Not Acceptable):
2188 OVERSEAS HWY
MARATHON, FL
City: MARATHON, FL Zip Code: 33050

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

TITLE: MGRM
NAME: JOHNSON, JERRY W
STREET ADDRESS: PO BOX 289
CITY-ST-ZIP: KEY WEST FL 33041 ☐ Delete

TITLE: MGRM
NAME: JOHNSON (FRAVEL), GAYLA J
STREET ADDRESS: PO BOX 289
CITY-ST-ZIP: KEY WEST FL 33041 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

Date

Daytime Phone #

Jerry W. Johnson 3/17/03 (305) 772-1536

CR2E083 (10/02)