

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90129 043 ****50.00

DOCUMENT # L02000029581

1. Entity Name
JHT MARINE SERVICES, L.L.C.



Principal Place of Business
**698 PORT TOWNSEND ROAD
PORT ST. JOE FL 32456**

Mailing Address
**1908 FOREST PARK AVENUE
PORT ST. JOE FL 32456**

2. Principal Place of Business
521 Premier Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 246
Suite, Apt. #, etc.

City & State
Port St. Joe FL
Zip Country
32456 USA

City & State
Port St. Joe FL
Zip Country
32457 USA

4. FEI Number
57-1136472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PITTS, TOMMY
1908 FOREST PARK AVENUE
PORT ST. JOE FL 32456**

7. Name and Address of New Registered Agent

Name **Pitts, Tommy**
Street Address (P.O. Box Number is Not Acceptable)
521 Premier Dr.
City **Port St. Joe FL** Zip Code **32456**

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 **Tommy Pitts**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-03
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** ☐ Delete
NAME **JOHNSON, HENRY N JR.**
STREET ADDRESS **1717 ELIZABETH AVENUE**
CITY-ST-ZIP **METairie LA 70003**

TITLE **MGRM** ☐ Delete
NAME **TOWNSEND, JAMES**
STREET ADDRESS **698 PORT TOWNSEND ROAD**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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: Tommy Pitts REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)