## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L39369 1. Entity Name O'NEAL MARINE CONSTRUCTION SUPPLY, INC. Principal Place of Business Mailing Address C/O EDGAR O'NEAL C/O EDGAR O'NEAL **5790 ESTELLE STREET 5790 ESTELLE STREET** JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For 59-2983243 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.=Name and Address of New Registered Agent = Name O'NEAL, EDGAR Street Address (P.O. Box Number is Not Acceptable) **5790 ESTELLE ST** JACKSONVILLE FL 32205 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition O'NEAL, EDGAR L. NAME NAME ROUTE ONE BOX 1529 B STREET ADDRESS STREET ADDRESS BRYCEVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME O'NEAL, CHARLES E. NAME STREET ADDRESS 6621 VALIANT DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

changed, or on an attachmen