

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000903

1. Entity Name

MULTI SPECIALTY MARINE SERVICES, LLC.

Principal Place of Business

%GEORGE J. SHULL & ASSOC..801 SEABREEZE BV
BAHIA MAR. MARINA TOWER. 2ND FL
FT. LAUDERDALE FL 33316

Mailing Address

%GEORGE J. SHULL & ASSOC..801 SEABREEZE BV
BAHIA MAR. MARINA TOWER. 2ND FL
FT. LAUDERDALE FL 33316

FILED

00 MAY -1 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

40-0000000

Applied For

Not Applicable

Zip

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

HAYES, WARREN D SR.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ALLEN, KATHLEEN
STREET ADDRESS 801 SEABREEZE BOULEVARD, BAHIA MAR
CITY- ST- ZIP FORT LAUDERDALE FL 33316

☐ Change ☐ Addition
700003249887--8
-05/12/00--01022--004
*****55.00 *****55.00

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)