

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001426

1. Entity Name

STOVALL MARINE OF FLORIDA, L.C.

APPROVED
AND
FILED

00 MAY -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4852 NORTH OCEAN STREET
ATLANTIC BEACH FL 32233

Mailing Address

4852 NORTH OCEAN STREET
ATLANTIC BEACH FL 32233-2428

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

59-3483059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDS, J. KEITH M
1551 ATLANTIC BLVD., SUITE 200
JACKSONVILLE FL

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 NAME MGR
STREET ADDRESS STOVALL, ROBERT S
CITY-ST-ZIP 5840 I-75 SOUTH
FOREST PARK GA 30050 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
500003259475--1
-05/19/00--01085--010
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS JORDAN, JOHN
CITY-ST-ZIP 5840 I-75 SOUTH
FOREST PARK GA 30050 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS RILEY, ARLENE
CITY-ST-ZIP 4852 NORTH OCEAN STREET
ATLANTIC BEACH FL 32233 ☒ Delete

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

TITLE NAME MGR
STREET ADDRESS SANDS, J. KEITH M
CITY-ST-ZIP 1551 ATLANTIC BLVD., SUITE 200
JACKSONVILLE FL 32207 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
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 REQUIRED

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

Date

Daytime Phone #

4/28-2000 904
759-2754

CR2E083 (9/99)