

2000 UNIFORM BUSINESS REPORT (UBR)

0010096 AF

DOCUMENT # L98000000616

1. Entity Name
WILCOR MARITIME, ISLAND SAIL, FREIGHT & CHARTER,

FILED

00 JAN 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14051 ATLANTIC BLVD.
JACKSONVILLE FL 32225

Mailing Address
14051 ATLANTIC BLVD.
JACKSONVILLE FL 32225-3242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3546616
~~APPLIED FOR~~

Applied For

Not Applicable

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

BROWN, R. EUGENE
1200 ARDEN WAY
JACKSONVILLE BEACH FL 32250-3740

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 R. EUGENE BROWN

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

R. Eugene Brown

(NOTE: Registered Agent signature required when reinstating)

01/05/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CORRY, WILLIAM R
STREET ADDRESS 14051 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32225

FEI # ☐ Delete
59-3546616

☐ Change ☐ Addition
8000003119908--8
-02/01/00--010480008 Addition
*****55.00 *****55.00

TITLE
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CITY-ST-ZIP

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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: WILLIAM R. CORRY

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

1/5/00 (904) 249-9172

Date

Daytime Phone #

CR2E083 (9/99)