

2001 UNIFORM BUSINESS REPORT (UBR)

0006245 AF

DOCUMENT # L98000002337

1. Entity Name

CANAVERAL MARINE TERMINALS, L.C.

FILED

01 MAR 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9012 HERRING STREET
PORT CANAVERAL FL 32920

PO BOX 587
CAPE CANAVERAL FL 32920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9025 N. Atlantic Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

City & State

4. FEI Number

59-3539903

Applied For

Not Applicable

Zip

32920

Country

US

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

LEE, PATRICK T

~~9000 HERRING STREET~~ 9025 N. Atlantic Avenue
PORT CANAVERAL FL 32920

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
STREET ADDRESS
CITY-ST-ZIP
MEM
MID-FLORIDA FREEZER WAREHOUSE, LTD.
9000 HERRING STREET
PORT CANAVERAL FL 32920 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
ATLANTICCONTAINER SERVICE, INC.
124 PROSPERITY DRIVE
GARDEN CITY GA 31408-9550 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
STEVENS SHIPPING & TERMINAL CO.
26 EAST BAY STREET
SAVANNAH GA 31408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003930076-3
-03/29/01--01100--014
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)