

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008325

1. Entity Name

MAVERICK MARINE SERVICES, L.L.C.

Principal Place of Business

Mailing Address

527 ANCLOTE ROAD
TARPON SPRINGS FL 34689

527 ANCLOTE ROAD
TARPON SPRINGS FL 34689

2. Principal Place of Business

761 Anclote Rd.

3. Mailing Address

761 Anclote Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL.

City & State

Tarpon Springs, FL.

Zip

34689

Country

USA

Zip

34689

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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
Due By September 26, 2001

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: Operating Manager
NAME: Lee Walker II
STREET ADDRESS: 8516 BUENA VIA
CITY-ST-ZIP: HUDSON, FL 34667

TITLE: Vice Operating Manager
NAME: Wallace Cleveland
STREET ADDRESS: 1633 Plaza Place
CITY-ST-ZIP: Tarpon Springs FL 34689

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:
NAME: none
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME: none
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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TITLE:
NAME:
STREET ADDRESS:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

FILED
01 JUL 16 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE