2001 UNIFORM BUSINESS REPORT (UBR)

2002

DOCUMENT # L99000078325

1. Entity Name

MAVERICK MARINE SERVICES L.L.C.

FILED

02 JAN -2 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
761 Anclote RD Tarpon Springs FL 34689	761 Anclote RD Tarpon Springs FL 34689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Above	Above
Suite, Apt. #, etc.: None	Suite, Apt. #, etc.: None
City & State: Tarpon Springs FL	City & State: Tarpon Springs FL
Zip: 34689 Country: USA	Zip: 34689 Country: USA

4. FEI Number: 593619206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Spiegel & Utrera
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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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

900004764809--3
-01/10/02--01038--005
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOM, Tres, Trustee UTD 8-27-2001 Thomas G Hersem, Trustee 1421 Court St Suite B Clearwater FL 33756 ☐ 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	Managing/ Member Walker, Lee II 8516 Buena Via Hudson FL 34689 ☑ 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	OM/Member, Sec Wallace O. Cleveland 1633 Plaza Place Tarpon Springs FL 34689 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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.

Thomas G Hersem, Trustee

SIGNATURE: UTD 8-27-2001 TX 8/27/2001 (727) 446 1415

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