

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M19741

1. Entity Name

MARINE TRUCKING, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90103 034 ***158.75

A0060608

Principal Place of Business
2051 SE 35th St.
Port Everglades
Fort Lauderdale, FL 33316

Mailing Address
P.O. Box 21647
Ft. Lauderdale, FL 33335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-2566769

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Marine Trucking, Inc.
2051 SE 35th St.
P.O. Box 21647
Ft. Lauderdale, FL 33335

Name
Britt K Chester
Street Address (P.O. Box Number is Not Acceptable)
2051 SE 35th St
City
Ft. Lauderdale
FL
Zip Code
33316

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.

Britt K Chester

1/18/01

(NOTE: Registered Agent's signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible
tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D P
NAME
Chester Jeremy
STREET ADDRESS
2051 SE 35th St. P.O. Box 21647
CITY-STATE-ZIP
Ft. Lauderdale, FL 33335

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

TITLE
D V
NAME
Chester Britt K
STREET ADDRESS
2051 SE 35th St P.O. Box 21647
CITY-STATE-ZIP
Ft. Lauderdale, FL 33335

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
V
NAME
Chester Kevin
STREET ADDRESS
2051 SE 35th St P.O. Box 21647
CITY-STATE-ZIP
Ft. Lauderdale, FL 33335
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
V
NAME
Sousa Kenneth G
STREET ADDRESS
2051 SE 35th St P.O. Box 21647
CITY-STATE-ZIP
Ft. Lauderdale, FL 33335
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth G Sousa 1/18/01 (954)331-2000

Date

Daytime Phone #

CR2E034 (11/00)