

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90113 024 ***150.00

DOCUMENT # P00000005939

1. Entity Name

ACKERMAN MARINE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**4939 N. MELROSE AVENUE
TAMPA FL 34629**

**4939 N. MELROSE AVENUE
TAMPA FL 34629**

925277



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4808 FLAMINGO RD

4808 FLAMINGO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #A

APT A.

City & State

City & State

TAMPA, FLA

Tampa, FLA.

Zip

Country

33611

Hillsborough

Zip

Country

33611

Hillsborough

4. FEI Number

59-3661677

Applied For

Not Applicable

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

**ACKERMAN, JOHN L
4939 N. MELROSE AVENUE
TAMPA FL 34629**

Name

ACKERMAN, JOHN L.

Street Address (P.O. Box Number is Not Acceptable)

4808 APT A FLAMINGO RD.

City **Tampa**

FL

Zip Code

33611

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]

John L Ackerman

2/22/01

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

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	ACKERMAN, JOHN L	
STREET ADDRESS	4939 N. MELROSE AVENUE	
CITY-ST-ZIP	TAMPA FL 34629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/22/01

Date

813-286-1080

Daytime Phone #

CR2E034 (10/00)