## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000005939

1. Entity Name

ACKERMAN MARINE CONSTRUCTION, INC.

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Principal Place of Business Place of Business Principal Place of Business Place of B

**FILED** 

Feb 07, 2003 8:00 am

Secretary of State

02-07-2003 90048 032 \*\*\*158.75

Suite, Apt. # etc. J.L. ACKERMAN MARINE CONST. INC. Suite, Apt. 4, ALEKERMAN MARINE CONST. INC. CHECK HERE IF MAKING CHANGES 9929 BAY DRIVE 9929 RAY DRIVE GIBSONTON, FLA, 33534-4409 City & StateGIBSONTON, FLA, 33534-4409 City & State 4. FEI Number Applied For TELEPHONE 813-286-1080 59-3661677 TELEPHONE 813-286-1080 Not Applicable SINCE 1968 SINCETABLE Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACKERMAN, JOHN L Street Address (P.O. Box Number is Not Acceptable) J.L. ACKERMAN MARINE CONST. INC. 4808 FLAMINGO RD #A 9929 BAY DRIVE **TAMPA FL 33611** GIBSONTON, FLA, 33534-4409 TELEPHONE 813-286-1080 City Zip Code **SINCE 1968** 8. The above named entity counties this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILË NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1,2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition ☐ Delete ACKERMAN, JOHN L NAME NAME STREET ADDRESS <del>4939 N. MELROSE AVENU</del>E STREET ADDRESS CITY-ST-ZIP T<del>ampa FL 34629</del> CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME J.L. ACKERMAN MARINE CONST. INC. STREET ADDRESS STREET ADDRESS 9929 BAY DRIVE CITY-ST-7IP CITY-ST-ZIP GIBSONTON, FLA, 33534-4409 TELEPHONE 813-286-1080 TITLE ☐ Delete ☐ Change Addition NAME ... SINCE 1968 NAME \_ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. 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 a quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF THE BY DESCRIPTION OF THE BY DESCRIPTI

Delete

2/5/03

Date

Daytime Phone #

☐ Change

Addition

CR2E034 (10/