

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90498 046 ***150.00

DOCUMENT # P00000035718

1. Entity Name
SOPHLEX SHIP MANAGEMENT, INC.

Principal Place of Business
**375 ARTEMIS BLVD.
MERRITT ISLAND FL 32953**

Mailing Address
**375 ARTEMIS BLVD.
MERRITT ISLAND FL 32953**

00024555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

225 Highway 361 South

Suite, Apt. #, etc.

N/A

City & State
Port Aransas TX

Zip

78373

Country

USA

3. Mailing Address

P.O. Box 1785

Suite, Apt. #, etc.

N/A

City & State
Port Aransas TX

Zip

78373

Country

USA

4. FEI Number

59-3637294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARKEY & FOWLER, P.A.
410 WEST MERRITT AVE.
MERRITT ISLAND FL 32953**

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

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

TITLE **D** ☐ Delete
NAME **LEVENSALE, TIMOTHY D**
STREET ADDRESS **375 ARTEMIS BLVD.**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President, Marine Operations** ☐ Change ☒ Addition
NAME **David Burke**
STREET ADDRESS **P.O. Box 1785**
CITY-ST-ZIP **Port Aransas, TX 78373**

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

321-258-7466
Daytime Phone #

CR2E034 (10/00)