

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90069 018 ***150.00

DOCUMENT # P00000035718

1. Entity Name

SOPHLEX SHIP MANAGEMENT, INC.

Principal Place of Business

**225 HWY 361 S
 PORT ARANSAS TX 78373**

Mailing Address

**P O BOX 1785
 PORT ARANSAS TX 78373**

2. Principal Place of Business

**723 N. Upper Broadway
 Suite Apt. #, etc.
 501**

3. Mailing Address

**P.O. Box 2421
 Suite, Apt. #, etc.**

City & State

Corpus Christi, TX

City & State

Corpus Christi, TX

Zip

78401

Country

USA

Zip

78403

Country

USA



DO NOT WRITE IN THIS SPACE

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **LEVENSALE, TIMOTHY D**
 CITY-ST-ZIP **375 ARTEMIS BLVD.
 MERRITT ISLAND FL 32953**

TITLE ☒ Delete
 NAME **VPMO**
 STREET ADDRESS **BURKE, DAVID**
 CITY-ST-ZIP **P O BOX 1785
 PORT ARANSAS TX 78373**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other line empowered.

SIGNATURE:

Timothy Levensaler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Levensaler 321-2589466
 Date **1-11-02** Daytime Phone #

CR2E034 (9/01)