

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043289

1. Entity Name  
PIONEER MARINE CONSTRUCTION, INC.

FILED  
Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90076 001 \*\*\*150.00

Principal Place of Business  
37477 42 WAY S #64 I  
ST PETERSBURG FL 33711

Mailing Address  
37477 42 WAY S #64 I  
ST PETERSBURG FL 33711

2. Principal Place of Business  
TREASURE ISLANDS

3. Mailing Address  
10265 GULF BLVD 105

Suite, Apt. #, etc.  
SUITE 105

Suite, Apt. #, etc.  
SUITE 105

City & State  
FLORIDA

City & State  
TREASURE ISLAND

Zip  
33706

Country  
PINELLAS

Zip  
33706

Country  
PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3643698

☒ 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

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761

Name  
PIONEER MARINE CONSTRUCTION

Street Address (P.O. Box Number is Not Acceptable)  
10265 GULF BLVD 105

City T.I FL Zip Code 33706

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 VICTOR L ALDERMAN

(NOTE: Registered Agent signature required when reinstating)

DATE 2/23/2001

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 P  
NAME ALDERMAN, VICTOR L  
STREET ADDRESS 37477 42 WAY S #64 I  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE P  
NAME VICTOR ALDERMAN  
STREET ADDRESS 10265 GULF BLVD 105  
CITY-ST-ZIP T.I FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME MICHAEL E EVANS  
STREET ADDRESS 10265 GULF BLVD  
CITY-ST-ZIP T.I FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME ALEXANDER SAIVE  
STREET ADDRESS 10265 GULF BLVD 105  
CITY-ST-ZIP T.I FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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 like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2001 727-367-4873  
Date Daytime Phone #

CR2E034 (10/00)