

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90006 027 ***550.00

DOCUMENT # P01000060394

1. Entity Name
PORTER MARINE SERVICES, INC.

Principal Place of Business

1601 JACKSON STREET
 SUITE 201
 FORT MYERS FL 33901
 US

Mailing Address

1601 JACKSON STREET
 SUITE 201
 FORT MYERS FL 33901
 US

972624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1127491

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

MAHER, ROBERT T
 1601 JACKSON STREET
 SUITE 201
 FORT MYERS FL 33901

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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, NAME, STREET ADDRESS, CITY-ST-ZIP
 PD
 PORTER, JOHN
 1601 JACKSON STREET, SUITE 201
 FORT MYERS FL 33901 ☐ Delete

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #