

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90180 003 ***158.75

DOCUMENT # P01000068103

1. Entity Name
S T MARINE TOWING & SALVAGE, INC.



Principal Place of Business
P.O. BOX 838
OLD TOWN FL 32680

Mailing Address
P.O. BOX 838
OLD TOWN FL 32680



2. Principal Place of Business
SUWANNEE MARINE INC.
Suite, Apt. #, etc.
219 CANAL ST

3. Mailing Address
P.O. Box 451
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SUWANNEE, FL
Zip
32692
Country
Dixie

City & State
SUWANNEE, FL
Zip
32692
Country
Dixie

4. FEI Number 59-3731628

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRECKENRIDGE, SCOTT T
WTBS LOT 35
OLD TOWN FL 32680

7. Name and Address of New Registered Agent

Name CRAIG AND KARIN Holcomb
Street Address (P.O. Box Number is Not Acceptable)
451 CANDY LANE
City SUWANNEE FL Zip Code 32692

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 Karin Holcomb Vice Pres / Cy R Holcomb PRES. DATE 2-12-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRECKENRIDGE, SCOTT T	
STREET ADDRESS	P.O. BOX 838	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG Holcomb	
STREET ADDRESS	451 CANDY LANE	
CITY-ST-ZIP	SUWANNEE, FL 32692	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARIN Holcomb	
STREET ADDRESS	451 CANDY LANE	
CITY-ST-ZIP	SUWANNEE, FL 32692	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 required 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.

SIGNATURE: Karin Holcomb Vice Pres / Cy R Holcomb PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-542-9159
2-12-03

CR25034 (1/0/02)