

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0370286 AV

DOCUMENT # P02000006896

1. Entity Name
FT. LAUDERDALE SHIPWORKS & FABRICATION, INC.



FILED

04 FEB 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3421 NE 15 AVE., #5
OAKLAND PARK FL 33334

Mailing Address
3421 NE 15 AVE., #5
OAKLAND PARK FL 33334



2. Principal Place of Business
325 NE 5th Ct.
Suite, Apt. #, etc.

3. Mailing Address
325 NE 5th Ct.
Suite, Apt. #, etc.

REINSTATEMENT 03-04
CHECK HERE IF MAKING CHANGES

City & State
DANIA FL.
Zip
33004
Country
USA

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DANIA FL.
Zip
33004
Country
USA

4. FEI Number
01-0580643
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, STEWART
3421 NE 15 AVE., #5
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name
TURNER, STEWART
Street Address (P.O. Box Number is Not Acceptable)
325 NE 5th Ct.
City
DANIA FL Zip Code
33004

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]* Address Change Ack #1150 01/05/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, STEWART 3421 NE 15 AVE., #5 OAKLAND PARK FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATHEWS, ALAN 10239 NW 17 ST. CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NIGEL J.P. BOWER V.P. 325 NE 5th Ct. DANIA FL. 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400029319844 02/24/04--01051--028--**550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400029319844 02/24/04--01051--029--**350.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

01/05/04

Date

784-605-6725

Daytime Phone #

CR2E034 (10/02)