

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90074 001 ***211.25

DOCUMENT # P14324

1. Entity Name

FERNANDINA MARINE CONSTRUCTION MANAGEMENT INC.

Principal Place of Business

501 NORTH 3RD ST
 FERNANDINA BEACH FL 32034

Mailing Address

501 NORTH 3RD ST
 FERNANDINA BEACH FL 32034-4121

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **06-1184993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 PLANTATION FL 33324**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **VORSTER, MAARTEN P.**
 STREET ADDRESS **WESTERLAAN 10**
 CITY-ST-ZIP **3016 CK ROJJERDAM NL**

TITLE **DV** ☐ Delete
 NAME **CHIECO, MICHAEL G.**
 STREET ADDRESS **46 SOUTHFIELD AVE, THREE STANFORD LANDING**
 CITY-ST-ZIP **STANFORD CT**

TITLE **VST** ☐ Delete
 NAME **SCHWFC, VALEDEMAR**
 STREET ADDRESS **501 NORTH THIRD ST**
 CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **P** ☐ Delete
 NAME **STUBBS, W.**
 STREET ADDRESS **501 NORTH THIRD**
 CITY-ST-ZIP **FERNANDIAN BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/2010 (904) 261-0753