

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90784 030 ***150.00

DOCUMENT # P14984

1. Entity Name
M & N DREDGING CO., INC.

Principal Place of Business

**1431 7TH STREET
 SOUTHPORT FL 32409
 US**

Mailing Address

**P.O. BOX 8337
 SOUTHPORT FL 32409
 US**

027021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0495869

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NEWELL, JESSE R
 1431 7TH STREET
 SOUTHPORT FL 32409**

Name

Jesse A. Newell

Street Address (P.O. Box Number is Not Acceptable)

1431 7th Street

City

Southport,

FL

Zip Code
32409

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

Jesse A. Newell

Jesse A. Newell

Pres

4/1/02

(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 \$150.00
 After May 1, 2002 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 **PD** ☐ Delete
 NAME **NEWELL, JESSE A**
 STREET ADDRESS **1431 7TH STREET**
 CITY-ST-ZIP **SOUTHPORT FL 32409**

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

TITLE **V** ☐ Delete
 NAME **NEWELL, KENNETH A.**
 STREET ADDRESS **9832 MORAR ROAD**
 CITY-ST-ZIP **SOUTHPORT FL**

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

TITLE **ST** ☐ Delete
 NAME **NEWELL, KATHRYN**
 STREET ADDRESS **1431 7TH ST., P.O. BOX 8337**
 CITY-ST-ZIP **SOUTHPORT FL**

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

TITLE **AST** ☐ Delete
 NAME **NEWELL, JESSE R.**
 STREET ADDRESS **1431 7TH STREET, P.O. BOX 8337**
 CITY-ST-ZIP **SOUTHPORT FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Jesse A. Newell **Jesse A. Newell**

Date

4/1/02

Daytime Phone #

850-265-5133

CR2E034 (9/01)