


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90467 041 \*\*\*150.00

**DOCUMENT #** P34558  
1. Entity Name  
PORT CITY INDUSTRIAL & MARINE SUPPLY, INC



**DO NOT WRITE IN THIS SPACE**

**90052310**

2. Principal Place of Business  
POST OFFICE BOX 1407  
Suite, Apt. #, etc.

3. Mailing Address  
P. O. BOX 1407  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SAVANNAH GEORGIA

City & State

4. FEI Number  
58-1359434

Applied For  
Not Applicable

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

Zip Country Zip Country  
31402-1407

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
NONE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	DCP	TITLE	
NAME	FARRELE CHARLES W.	NAME	
STREET ADDRESS	1250.W. BAY STREET	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA. 31415	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	FARRELL, CHARLES W.	NAME	
STREET ADDRESS	1250 WEST BAY STREET	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA. 31415	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BEESON, SALLY	NAME	
STREET ADDRESS	1250 WEST BAY STREET	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA. 31415	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles W. Farrell* 3-13-03 912-232-0122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)