

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000059341**1. Entity Name
DOE & INGALLS OF FLORIDA, INC.

Principal Place of Business

DOE & INGALLS OF FLORIDA, INC.
9940 CURRIE DAVIS DR SUITE C-16
TAMPA FL 33619 US

Mailing Address

DOE & INGALLS OF FLORIDA, INC.
9940 CURRIE DAVIS DR, SUITE C-16
TAMPA FL 33619 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3200300

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEAS MICHAEL R
2600 INDEPENDENT SQUAREJACKSONVILLE
32202 US

FL

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)

03/21/2001

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, 2001 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

TITLE VS ☐ Delete
NAME FELL JAMES R
STREET ADDRESS 3601 SHADOWOOD DR
CITY-ST-ZIP VALRICO FLTITLE PT ☐ Delete
NAME HODGES JOHN F
STREET ADDRESS 6103 RAIN BRIAR CT
CITY-ST-ZIP TEMPLE TERRACE FLTITLE D ☐ Delete
NAME LIEBMAN LARRY J
STREET ADDRESS 110 BRYANT RD
CITY-ST-ZIP JAFFREY NHTITLE D ☐ Delete
NAME LIEBMAN BURTON R
STREET ADDRESS 7 WAINWRIGHT RD
CITY-ST-ZIP WINCHESTER MATITLE D ☐ Delete
NAME ELMO JOHN J
STREET ADDRESS 607 ELLIS RD
CITY-ST-ZIP DURHAM NC 27703TITLE D ☐ Delete
NAME MERRICK THOMAS P
STREET ADDRESS 607 ELLIS RD
CITY-ST-ZIP DURHAM NC 27703

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PT ☒ Change ☐ Addition
NAME HODGES JOHN F
STREET ADDRESS 7409 BOLERO WAY
CITY-ST-ZIP RALEIGH FL 27615TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME ELMO JOHN J
STREET ADDRESS 1301 PERSON STREET
CITY-ST-ZIP DURHAM NC 27703TITLE D ☒ Change ☐ Addition
NAME MERRICK THOMAS P
STREET ADDRESS 1301 PERSON STREET
CITY-ST-ZIP DURHAM NC 27703

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: JAMES R. FELL

VS

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)