

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90046 006 ***150.00

DOCUMENT # P93000068101

1. Entity Name

FREEPORT SHIPBUILDING, INC.

Principal Place of Business

**SHIPYARD ROAD
 FREEPORT FL 32439**

Mailing Address

**SHIPYARD ROAD
 FREEPORT FL 32439**

2. Principal Place of Business

3. Mailing Address

P.O. Box 49

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FREEPORT FL

Zip

Country

Zip

32439

Country

4. FEI Number

59-3227526

Applied For

Not

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C
 5 CLIFFORD DRIVE
 SUITE 12
 SHALIMAR FL 32579**

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

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, 2000 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 **D** ☐ Delete
 NAME **MURRAY, GAIL**
 STREET ADDRESS **P.O. BOX 49 N/A**
 CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ Delete
 NAME **MURRAY, JAMES**
 STREET ADDRESS **P.O. BOX 49 N/A**
 CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Add
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 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 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

Date

Daytime Phone #