## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # **P9400034627** GLADDING MARINE SERVICE, INC. 01-30-2001 90041 037 \*\*\*158.75 Principal Place of Business Mailing Address 41 BARCELONA DRIVE 6000 PENINSULAR AVE KEY WEST FL 33040 KEY WEST FL 33040 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0500522 Not Applicable Zip Zip Country Country \$8.75 Additional .5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLADDING, RAYMOND G JR Street Address (P.O. Box Number is Not Acceptable) 7 PENINSULAR AVE. KEY WEST FL 33040 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME GLADDING, RAYMOND G JR NAME STREET ADDRESS 41 BARCELONA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete TITLE M Change ☐ Addition NAME GLADDING, ERIC E NAME TIY AVENUE G STREET ADDRESS STREET ADDRESS 19622 TEQUESTA STREET CITY-ST-ZIP SUMMERLAND-KEY-FL CITY-ST-ZIP KEY-WEST-1-FL-33040 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP