

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000012360**

1. Entity Name

NAMCO TERMINAL SERVICES CORP.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90055 028 ***150.00

Principal Place of Business

**6990 NW 97TH AVENUE
MIAMI FL 33178**

Mailing Address

**6990 NW 97TH AVENUE
MIAMI FL 33178**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0556532**

Applied For

Not Applicable

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

**KOHN, KEVIN R
9471 BAYMEADOWS, STE 106
JACKSONVILLE FL 32256**

Name

Harwell, Everett O.

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

9471 Baymeadows Rd., Suite 106

City

Jacksonville**FL**Zip Code
32256

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

Everett O. Harwell, President

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Delete
NAME	KOHN, KEVIN R	
STREET ADDRESS	9471 BAYMEADOWS RD., STE 106	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	PDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harwell, Everett O.	
STREET ADDRESS	9471 Baymeadows Rd., Suite 106	
CITY-ST-ZIP	Jacksonville, FL 32256	

TITLE	CFOT	<input checked="" type="checkbox"/> Delete
NAME	CHASE, RAYMOND F	
STREET ADDRESS	9471 BAYMEADOWS RD., ST. 106	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	DEATON, KEN	
STREET ADDRESS	6990 NW 97TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Everett O. Harwell

Date

904-739-0399

Daytime Phone #

CR2E034 (10/00)