2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057337

1. Entity Name

D & L MARINE CONSTRUCTION CONTRACTING, INC.

FILED
01 SEP -6 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1 CEDAR STREET SUWANNEE, FL 32692	P O BOX 116 SUWANNEE, FL 32692 US

8/11/00 90912 039 -550.00
DO NOT WRITE IN THIS SPACE

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 59-3388448 ☐ 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
FOX, MARY 5608 SE 113TH STREET, SUITE B BELLEVIEW, FL 34420	Name: LORRIE COLSON Street Address (P.O. Box Number is Not Acceptable): 1 CEDAR STREET City: SUWANNEE FL Zip Code: 32692

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: LORRIE COLSON, PRESIDENT — Lorrie Colson — 09-01-01
(Signature, typed or printed name of registered agent and title if applicable. CAUTION: 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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PRESIDENT LORRIE COLSON 1 CEDAR STREET SUWANNEE, FL 32692		500004588615--2 -09/14/01--01049--023 ****500.00 ****500.00	
VICE PRESIDENT WILLIAM DALE COLSON 1 CEDAR STREET, SUWANNEE FL 32692	☐ Delete		☐ Change ☐ Addition
	☐ Delete	REINSTATEMENT 99-01	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (1/00)

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: X William D Colson — X 9/1/01
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #