

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019154

1. Entity Name

BILLS MARINE SERVICE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90116 019 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 840009
HOLLYWOOD FL 33084

P.O. BOX 840009
HOLLYWOOD FL 33084-2009

2. Principal Place of Business

1610 SW 3rd AVENUE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

Zip

Country

33316

USA

Zip

Country

4. FEI Number

65-0735435

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

~~TRAGER, ROSS
1000 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026~~

Name

FLINT, BILL

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

1610 SW 3rd AVENUE

City

FORT LAUDERDALE

FL

Zip Code

33316

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]

**PRESIDENT
OWNER**

1-10-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FLINT, BILL**
STREET ADDRESS **1000 N. HIATUS ROAD, SUITE 110**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D** ☒ Change ☐ Addition
NAME **FLINT, BILL**
STREET ADDRESS **1610 SW 3rd AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT
FLINT**

1/10/00 (954) 462-1904

Date

Daytime Phone #

CR2E034 (9/99)