

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038783

1. Entity Name
HONC MARINE CONTRACTING, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90318 046 ***158.75

Principal Place of Business
1130-2 PONDELLA RD.
N. FT. MYERS FL 33903

Mailing Address
1130-2 PONDELLA RD.
N. FT. MYERS FL 33903



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	65-0749850	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HONC, JOHN JR. 1130-2 PONDELLA RD. N. FT. MYERS FL 33903		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	TITLE	
NAME	HONC, DAMIAN V	NAME	
STREET ADDRESS	1130-2 PONDELLA RD.	STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33903	CITY-ST-ZIP	
TITLE	PST	TITLE	
NAME	HONC, JOHN JR	NAME	
STREET ADDRESS	1130-2 PONDELLA RD.	STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33903	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	BRINK, DREW	NAME	
STREET ADDRESS	5203 SW 8TH CT	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John Hone Jr. John Hone Jr. 3-1-01 941 772 2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)