

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90018 009 \*\*\*150.00

**DOCUMENT # P98000064779**  
 1. Entity Name  
**DOCKMASTER MARINE CONSTRUCTION INC.**

Principal Place of Business      Mailing Address  
**1994 SUSSEX DRIVE EAST**      **1994 SUSSEX DRIVE EAST**  
**ORANGE PARK FL 32073**      **ORANGE PARK FL 32073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2619 Burwood St**      **2619 Burwood St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Orange Park, Fl 32065**      **Orange Park, Fl 32065**  
 City & State      City & State

Zip      Country      Zip      Country  
**32065**      **Clay**      **32065**      **Clay**

4. FEI Number      Applied For  
**59-3525523**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KING, DAVID A**  
**1416 KINGSLEY AVE**  
**ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent  
 Name  
**John F. Tolson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**462 Kingsley Ave., Suite 101**  
 City      State      Zip Code  
**Orange Park**      **FL**      **32073**

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 *John F. Tolson*      DATE 4/10/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, LANCE A</b> <b>1994 SUSSEX DRIVE EAST</b> <b>ORANGE PARK FL 32073</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D &amp; P, S</b> <b>Fields, Robert Lee Jr.</b> <b>2619 Burwood Street</b> <b>Orange Park, Florida 32065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert L. Fields*      **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02      904-298-0946  
Date      Daytime Phone #

CR2E034 (9/01)