FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90157 015 ***150.00

Doc# P98000064779

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90131444

DOCUMENT # P98000064779

1. Entity Name
DOCKMASTER MARINE CONSTRUCTION INC.

Principal Place of Business
2619 BURWOOD ST
ORANGE PARK, FL 32065

Mailing Address
2619 BURWOOD ST
ORANGE PARK, FL 32065

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3525523
Applied For
Not Applicable

5. Check box if Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TOLSON, JOHN F
482 KINGSLEY AVE SUITE 101
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: (If changed, specify new registered agent and title if applicable) (NEW Registered Agent's signature required when changed) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ☐ Delete FIELDS, JR, ROBERT LEE 2619 BURWOOD STREET ORANGE PARK, FL 32065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Delete Robert Fields Sr. 2619 Burwood St. Orange Park, FL 32065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P ☐ Delete Ron Fields 2619 Burwood St. Orange Park, FL 32065	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Robert Fields 4-29-03 904-272-2248
(Required) Date Daytime Phone Number

CR2E084 (10/02)