

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101523

1. Entity Name

SOUTHERN MARINE UNDERWRITERS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90073 018 ***150.00

Principal Place of Business

Mailing Address

2500 ROLAC RD.
JACKSONVILLE FL 32207

2500 ROLAC RD.
JACKSONVILLE FL 32207-7917

2. Principal Place of Business

14603 Beach Blvd #600

3. Mailing Address

14603 Beach Blvd #600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32250

City & State

Jacksonville, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3546823

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

CRABTREE, R R
8375 DIX ELLIS TRAIL STE. 401
JACKSONVILLE FL 32256

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

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

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 TV ☒ Delete
NAME CALDWELL, TERRY
STREET ADDRESS 2500 ROLAC RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE STV ☒ Delete
NAME CALDWELL, TERRY
STREET ADDRESS 5200 ROLAC ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE S ☒ Delete
NAME MECOM, KEN
STREET ADDRESS 2500 ROLAC RD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 3 P ☐ Change ☒ Addition
NAME Mecon, Barney
STREET ADDRESS 14603 Beach Blvd #600
CITY-ST-ZIP Jacksonville, FL 32250

TITLE T/V ☒ Change ☐ Addition
NAME Caldwell, Terry
STREET ADDRESS 14603 Beach Blvd
CITY-ST-ZIP Jacksonville, FL 32250

TITLE ME-S ☒ Change ☐ Addition
NAME mecom, Ken
STREET ADDRESS 14603 Beach Blvd #600
CITY-ST-ZIP Jacksonville, FL 32250

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

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

TITLE ☐ Change ☐ Addition
NAME
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: Barney E. Mecon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

904-992-4660

Daytime Phone #

CFR2E034 (9/99)