

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90067 045 ***150.00

DOCUMENT # P98000101523

1. Entity Name
SOUTHERN MARINE UNDERWRITERS; INC.

Principal Place of Business
 14603 BEACH BLVD. #600
 JACKSONVILLE BEACH FL 32250
 US

Mailing Address
 14603 BEACH BLVD. #600
 JACKSONVILLE BEACH FL 32250
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 13846 Atlantic Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 13846 ATLANTIC BLVD
 Suite, Apt. #, etc.

City & State
 JAX. FLORIDA

City & State
 JAX. FL

4. FEI Number 59-3546823

Applied For
☐ Not Applicable

Zip 32225

Country DWAL

Zip 32225

Country DWAL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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, 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	TS	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, TERRY	
STREET ADDRESS	14603 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	P	<input type="checkbox"/> Delete
NAME	MECOM, BARNEY	
STREET ADDRESS	14603 BEACH BLVD, #600	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	V	<input type="checkbox"/> Delete
NAME	MECOM, KEN	
STREET ADDRESS	14603 BEACH BLVD, #600	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN MECOM	
STREET ADDRESS	14603 BEACH BLVD 13846 ATLANTIC BLVD	
CITY-ST-ZIP	JAX. FL, 32250 32225	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNEY MECOM	
STREET ADDRESS	14603 BEACH BLVD 13846 ATLANTIC BLVD	
CITY-ST-ZIP	JAX FL 32250 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEN E. MECOM

Date

4/18/02

Daytime Phone #

CR2E034 (9/01)