

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90361 011 ***158.75

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DOCUMENT # P99000015989

1. Entity Name
JACQUES MARINE SERVICES, INC.

Principal Place of Business
 5291 N.W. 113 TH PLACE ~~Ave~~
 POMPANO BEACH FL 33076

Mailing Address
 5291 N.W. 113 TH ~~PLACE~~ ~~Ave~~
 POMPANO BEACH FL 33076



2. Principal Place of Business

3. Mailing Address
 5291 NW 113th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
 Pompano Bch, FL 33076

4. FEI Number 65-0896580

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MORRIS, EVERTON L
 5291 NW 113 AVE
 SUNRISE FL ~~33010~~ 33076

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **33076**

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 *Everton Morris*

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, EVERTON L	
STREET ADDRESS	5291 NW 113 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORRIS, JACQUELINE A	
STREET ADDRESS	5291 NW 113 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Everton Morris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
 Date

Daytime Phone #

CR2E034 (9/01)