

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051155

1. Entity Name

MARINER SHIP AGENCIES, INC.

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90004 050 \*\*\*558.75

Principal Place of Business

PMB #340  
14444 BEACH BLVD., #18  
JACKSONVILLE FL 32250-2057

Mailing Address

PMB #340  
14444 BEACH BLVD., #18  
JACKSONVILLE FL 32250-2057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593585372

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, RICHARD K  
501 W. BAY ST.  
JACKSONVILLE FL 32202

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME HICKS, JAMES D  
STREET ADDRESS 1141-A SHADOWLAKE CIR  
CITY-ST-ZIP MOUNT PLEASANT SC 29464 ☐ Delete

TITLE D  
NAME HICKS, JAMES D.  
STREET ADDRESS 14750 BEACH BLVD. UNIT #26  
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32250 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE T  
NAME ARTHUR D. PEPPER III  
STREET ADDRESS 12782 MARICOPA WAY  
CITY-ST-ZIP JACKSONVILLE, FL. 32245 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE S  
NAME ELLA FORBES  
STREET ADDRESS 10554 OSPREY NEST DRIVE EAST  
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32257 ☐ 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

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. HICKS  
James D. Hicks

7/21/2000 904-8214648  
Date Daytime Phone #

CR2E034 (5/00)