

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068424

1. Entity Name
DOCKMASTERS MARINE CONSTRUCTION COMPANY

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90217 006 ***150.00

Principal Place of Business
101 CENTURY 21 DRIVE
109 B
JACKSONVILLE FL 32216

Mailing Address
101 CENTURY 21 DRIVE
109 B
JACKSONVILLE FL 32216

765995



DO NOT WRITE IN THIS SPACE

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 **59-3590690**

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

~~MAM CORPORATE SERVICES, INC.~~
~~ONE INDEPENDENT DRIVE~~
~~SUITE 3000~~
~~JACKSONVILLE FL 32202~~

Name
RAX CO
Street Address (P.O. Box Number is Not Acceptable)
c/o James A. Nolan, III
50 North Laura Street, Suite 3300
City **Jacksonville** **FL** Zip Code **32202**

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 **James A. Nolan, III, VP** **4/24/01** DATE

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, 2001 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 **P** ☐ Delete
NAME **PORTER, MARK**
STREET ADDRESS **1597 HARRINGTON PARK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 I am empowered.

SIGNATURE: **Mark Porter** **4-24-01** **904 225 5950** DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)