

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2002 91337 033 ***150.00

DOCUMENT # P99000068424

1. Entity Name

~~DOCKMASTERS MARINE CONSTRUCTION COMPANY~~

HARBOR MARINE DOCK COMPANY, INC.

Principal Place of Business

101 CENTURY 21 DRIVE

109 B

JACKSONVILLE FL 32216

Mailing Address

101 CENTURY 21 DRIVE

109 B

JACKSONVILLE FL 32216

2. Principal Place of Business

2136 OSPREY POINT DR. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3590690

Applied For

Not Applicable

Zip

32225

Country

DUVAL

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAX CO.

% JAMES A. NOLAN, III

50 NORTH LAURA STREET, SUITE 3300

JACKSONVILLE FL 32202

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME VP + S
STREET ADDRESS PORTER, MARK
CITY-ST-ZIP 1597 HARRINGTON PARK DR.
JACKSONVILLE, FL 32225

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS HOWARD CUMMINS
CITY-ST-ZIP 101 CENTURY 21 DR. SUITE 109B
JACKSONVILLE, FL 32216

TITLE ☐ Change ☒ Addition
NAME VP BUSINESS DEVELOPMENT
STREET ADDRESS R. SCOTT BRIDGE
CITY-ST-ZIP 2136 OSPREY POINT DR. W.
JACKSONVILLE, FL 32225

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:

Howard Cummins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/02

Daytime Phone #

(304) 231-8609

CR2E034 (9/01)