

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90087 007 \*\*\*150.00

UBR0313 AI

**DOCUMENT # P15759**

1. Entity Name  
**RADCLIFF/ECONOMY MARINE SERVICES, INC.**



Principal Place of Business  
P.O. BOC 3064  
MOBILE AL 36652  
US

Mailing Address  
P.O. BOC 3064  
MOBILE AL 36652  
US

20010344



2. Principal Place of Business  
**P.O. Box 3064**

3. Mailing Address  
**P.O. Box 3064**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Mobile, AL**

City & State  
**Mobile, AL**

4. FEI Number  
**63-0956628**

Applied For  
Not Applicable

Zip  
**36652**

Country  
**U.S.**

Zip  
**36652**

Country  
**U.S.**

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

**RADCLIFF, B. GREER**  
**3100 BARRANCAS AVENUE**  
**PENSACOLA FL 32507**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *B. Greer Radcliff*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/9/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **PDS**  
STREET ADDRESS **RADCLIFF, B. GREER**  
CITY-ST-ZIP **5 SOUTH WATER ST. EXT MOBILE AL**

TITLE  Change  Addition  
NAME **PDS**  
STREET ADDRESS **B. Greer Radcliff**  
CITY-ST-ZIP **5 South Water St. Mobile, AL 36602**

TITLE  Delete  
NAME **T**  
STREET ADDRESS **BARTON, JAMES F.**  
CITY-ST-ZIP **5 SOUTH WATER ST. MOBILE AL**

TITLE  Change  Addition  
NAME **T**  
STREET ADDRESS **James F. Barton**  
CITY-ST-ZIP **5 South Water St. Mobile, AL 36602**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. Greer Radcliff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**B. Greer Radcliff** **1/9/03**

Date

**251-433-0066**  
Daytime Phone #

CR2E034 (10/02)