

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90042 032 ***150.00

DOCUMENT # F97000004153

Entity Name
MELIA MARITIME SERVICES, INC.

948141



DO NOT WRITE IN THIS SPACE

Principal Place of Business WORLD TRADE CENTER W. MAIN STREET VA 23510	Mailing Address 820 WORLD TRADE CENTER 101 W. MAIN STREET NORFOLK VA 23510-1646
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Principal Place of Business 1887 SOUTH 14TH ST.	3. Mailing Address
Suite, Apt. #, etc. SUITE 105	Suite, Apt. #, etc.

City & State FERNANDINA BEACH, FL	City & State	4. FEI Number 54-1802128	Applied For <input type="checkbox"/> Not Applicable
Zip 32034	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WATKINS, SPOTSWOOD B
 1887 SOUTH 14TH STREET, STE 105
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 PD	NAME WATKINS, SPOTSWOOD B	STREET ADDRESS 1887 SOUTH 14TH ST, STE 105	CITY-ST-ZIP FERNANDINA BEACH FL	<input type="checkbox"/> Delete
TITLE VD	NAME QUINN, DANIEL J	STREET ADDRESS FLAGGER STATION PO BOX 015359	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE VD	NAME QUINN, DONALD T	STREET ADDRESS FLAGGER STATION PO BOX 015359	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE VD	NAME HOST, DAVID F	STREET ADDRESS 820 WORLD TRADE CENTER	CITY-ST-ZIP NORFOLK VA	<input type="checkbox"/> Delete
TITLE SD	NAME WIBLE, DAVID C	STREET ADDRESS 820 WORLD TRADE CENTER	CITY-ST-ZIP NORFOLK VA	<input type="checkbox"/> Delete
TITLE D	NAME OUTERBRIDGE, HERBERT H	STREET ADDRESS 142 WOODLAND DRIVE	CITY-ST-ZIP SALT SPRING ISLAND CANADA	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: David C. Wible **DAVID C. WIBLE** 3/8/00 757-627-6286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)