

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90001 038 \*\*\*150.00

**DOCUMENT # F97000004153**

1. Entity Name

**AMELIA MARITIME SERVICES, INC.**

Principal Place of Business

1887 SOUTH 14TH ST  
 SUITE 105  
 FERNANDINA BEACH FL 32034

Mailing Address

820 WORLD TRADE CENTER  
 101 W. MAIN STREET  
 NORFOLK VA 23510

2. Principal Place of Business

3. Mailing Address

1887 South 14th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

City & State

City & State

Fernandina Beach, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number **54-1802128**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

32034

USA

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

*Herbert H. Outerbridge*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

904-321-1803

Daytime Phone #

CR2E034 (10/00)