

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91234 038 \*\*\*\*61.25

**DOCUMENT # N95000002839**

1. Entity Name

**INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.**

Principal Place of Business

Mailing Address

6340 NW 32ND AVENUE  
 FT. LAUDERDALE FL 33309

6340 NW 32ND AVENUE  
 FT. LAUDERDALE FL 33309

000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1937 E. Atlantic Blvd

1937 E. Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

Suite 6

City & State

City & State

Pompano Beach FL

Pompano Beach FL

4. FEI Number

59-3350894

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

ZARECKI, SCOTT  
 6340 NW 32ND AVENUE  
 FT. LAUDERDALE FL 33309

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)

SCOTT ZARECKI

DATE

5/1/01

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, RUSSELL M	
STREET ADDRESS	135 JOHNNY MERCER BLVD.	
CITY-ST-ZIP	SAVANNAH GA 31410	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, JANE E	
STREET ADDRESS	MILE 29, OLD NORTHERN HWY.	
CITY-ST-ZIP	BELIZE DISTRICT, BELIZE	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, MERRITT F	
STREET ADDRESS	2442 BRANDY MILL	
CITY-ST-ZIP	HOUSTON TX 77067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

~~SIGNATURE REQUIRED~~

PD

5/1/01

954 782 8483

CR2E037 (10/00)