

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90093 048 ***150.00

DOCUMENT # P96000000360

1. Entity Name

INTERNATIONAL BLUEWATER MARINE SERVICES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 610442
NORTH MIAMI FL 33261-0442

POST OFFICE BOX 610442
NORTH MIAMI FL 33261-0442

900202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0691910**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MARTIN, LOLA
2450 N.E. 135 STREET
NORTH MIAMI FL 33181

Name **MACLAREN, LOLA**

Street Address (P.O. Box Number is Not Acceptable)
2450 NE 135 STREET #902

City **NORTH MIAMI** **FL** Zip Code **33181**

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)

1/4/01
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

TITLE	D	☐ Delete
NAME	MACLAREN, NEIL R	
STREET ADDRESS	2450 N.E. 135 STREET #902	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	☐ Delete
NAME	MARTIN, LOLA	
STREET ADDRESS	2450 N.E. 135 STREET #902	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	MACLAREN, LOLA	
STREET ADDRESS	2450 NE 135 STREET #902	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL R MACLAREN

4 January 2001

Date

305-947-9402

Daytime Phone #

CR2E034 (10/00)