

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004640

1. Entity Name
APPLIED MARINE TECHNOLOGY INC.

FILED

01 NOV -9 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
228 NORTH LYNNHAVEN ROAD, SUITE 110
VIRGINIA BEACH FL 23452

Mailing Address
228 NORTH LYNNHAVEN ROAD, SUITE 110
VIRGINIA BEACH FL 23452

2. Principal Place of Business
2900 Sabre St
Suite Apt. #, etc.
800

3. Mailing Address
2900 Sabre St.
Suite Apt. #, etc.
800

City & State
VIRGINIA BEACH VA
Zip
23452
Country
VBEACH

City & State
VIRGINIA BEACH
Zip
23452
Country
VBEACH



4. FEI Number 74-2579728 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Corporation Service Company, Inc.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
700004685537--8
-11/16/01--0106U--021
City
****750.00 ****750.00
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 BRIAN COURTNEY, ASST. VP. DATE 11-9-01
(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, 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	PC	<input type="checkbox"/> Delete
NAME	CARLEY, NORMAN J	
STREET ADDRESS	228 NORTH LYNNHAVEN ROAD, SUITE 110	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE	VPVC	<input type="checkbox"/> Delete
NAME	ALBERS, PAUL W	
STREET ADDRESS	228 NORTH LYNNHAVEN ROAD, SUITE 110	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSEN, RICHARD D	
STREET ADDRESS	228 NORTH LYNNHAVEN ROAD, SUITE 110	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DESTEPH, WILLIAM R	
STREET ADDRESS	228 NORTH LYNNHAVEN ROAD, SUITE 110	
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 Sabre St Ste 800	
STREET ADDRESS	VIRGINIA BEACH VA 23452	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 Sabre St Ste 800	
STREET ADDRESS	VIRGINIA BEACH VA 23452	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 Sabre St Ste 800	
STREET ADDRESS	VIRGINIA BEACH VA 23452	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2900 Sabre St Ste 800	
STREET ADDRESS	VIRGINIA BEACH VA 23452	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/01 7574318597

Date Daytime Phone #

057794

CR2E034 (10/00)