

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90023 044 ***150.00

DOCUMENT # 365631

1. Entity Name

MARITIME TRANSPORT DEVELOPMENT CORP.

Principal Place of Business

701 SE 24TH ST
 FT. LAUDERDALE FL 33316
 US

Mailing Address

701 SE 24TH ST
 FT. LAUDERDALE FL 33316-3921
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1295222**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOVACEK, ARTHUR C
701 SE 24TH ST
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **THOMAS E. DUGGAR**
 Street Address (P.O. Box Number is Not Acceptable)
1391 Timberlane Rd
 City **Tallahassee** FL Zip Code **32312**

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 *Thomas E. Duggar*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4-21-00**

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	SV	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, GENE	
STREET ADDRESS	701 SE 24TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HVIDE, HANS J	
STREET ADDRESS	701 SE 24TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NOVACEK, ARTHUR C	
STREET ADDRESS	701 SE 24TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROPER, BEVERLY	
STREET ADDRESS	701 SE 24TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
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	Raymond B. Vickers	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meginniss - Dorman House	
STREET ADDRESS	424 East Call Street	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	ANNE W. HVIDE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2550 Del Lago Dr.	
STREET ADDRESS	Ft. Lauderdale, FL 33316	
CITY-ST-ZIP		
TITLE	LOUIE WAINWRIGHT, Jr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 SE 24th St	
STREET ADDRESS	Ft. Lauderdale, FL 33316	
CITY-ST-ZIP		
TITLE	THOMAS E. DUGGAR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1391 Timberlane Rd	
STREET ADDRESS	Tallahassee, FL 32312	
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 all other like empowered.

SIGNATURE *Thomas E. Duggar* **THOMAS E. DUGGAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-21-00**

Date

DAYTIME PHONE # **850 693 4205**

Daytime Phone #

CR2E034 (9/99)