

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0085945

DOCUMENT # 730236

03-28-2002 90157 035 ****70.00

1. Entity Name

AMERICAN INSTITUTE OF MARINE STUDIES, INC.

Principal Place of Business

Mailing Address

11985 CANE RIDGE ROAD
 SAN DIEGO CA 92128

~~670 200 SE 10TH CT.~~
~~FORT LAUDERDALE FL 33316~~

2. Principal Place of Business

3. Mailing Address

11985 CANE RIDGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SAN DIEGO, CA

4. FEI Number

23-7391668

Applied For

Not Applicable

Zip

Country

Zip

Country

92128

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

TOBIN, RICHARD
~~200 SE 10TH CT.~~
~~FORT LAUDERDALE FL 33316~~

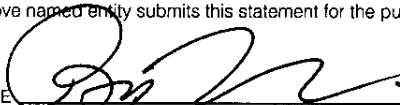
Name **RICHARD TOBIN**

Street Address (P.O. Box Number is Not Acceptable)
2929 E. COMMERCIAL BLVD. #702

City **FORT LAUDERDALE** FL Zip Code **33308**

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)

3/13/02

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	SCHWARTZ, ALLEN	11985 CANE RIDGE ROAD SAN DIEGO CA 92128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	MCMULLEN, DAVID	11985 CANE RIDGE ROAD SAN DIEGO CA 92128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	GALLUCCI, SAL	11985 CANE RIADGE ROAD SAN DIEGO CA 92128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David T. McMullen

Date

3/18/02

Daytime Phone #

858-486-1905

CP2E037 (9/01)