

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001126

1. Entity Name

GULF MARINE INSTITUTE OF TECHNOLOGY ~~INC~~

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91142 032 \*\*\*\*61.25

Principal Place of Business

1198 GULF BREEZE PKWY., SUITE 8  
GULF BREEZE FL 32561

Mailing Address

1198 GULF BREEZE PKWY., SUITE 8  
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1475321

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

ERICSSON, JOHN D  
1198 GULF BREEZE PKWY., SUITE 8  
GULF BREEZE FL 32561

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)

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  
PC  
ERICSSON, JOHN D  
3881 PARADISE BAY DR  
GULF BREEZE FL 32561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
John D. Ericsson  
1198 Gulf Breeze Pkwy. #8  
Gulf Breeze, FL 32561 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BURT, GEORGINE  
215 BETTY RD.  
PENSACOLA FL 32507 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Georgine Burt  
1198 Gulf Breeze Pkwy. #8  
Gulf Breeze, FL 32561 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~Director~~  
~~John W. Hemmer~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
John W. Hemmer  
1198 Gulf Breeze Pkwy. #8  
Gulf Breeze, FL 32561 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Edwin W. Cake, Jr.  
1198 Gulf Breeze Pkwy. #8  
Gulf Breeze, FL 32561 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

Georgine Burt, Sec. 4/30/01 850-954-8997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)