

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001126

1. Entity Name

GULF MARINE INSTITUTE OF TECHNOLOGY ~~INC~~

NO RE  
MM

FILED

May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90612 032 \*\*\*\*70.00

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

3881 Paradise Bay Drive  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6211  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

31-1475321

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

32562

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name John D. Ericsson  
Street Address (P.O. Box Number is Not Acceptable)  
3881 Paradise Bay Dr.  
City Gulf Breeze FL Zip Code 32561

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	ERICSSON, JOHN D	
STREET ADDRESS	1198 GULF BREEZE PKWY 8	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURT, GEORGINE	
STREET ADDRESS	1198 GULF BREEZE PARKWAY 8	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEMMER, JOHN W	
STREET ADDRESS	1198 GULF BREEZE PKWY 8	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAKE, EDWIN W JR	
STREET ADDRESS	1198 GULF BREEZE PKWY 8	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3881 Paradise Bay Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3881 Paradise Bay Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3881 Paradise Bay Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
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		

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 another like empowered.

SIGNATURE:

John D. Ericsson

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)