

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54623

1. Entity Name

MARINE RESEARCH CORPORATION

Principal Place of Business

1100 S. FEDERAL HWY.
P O BOX 2529
STUART FL 34995

Mailing Address

1100 S. FEDERAL HWY.
P O BOX 2529
STUART FL 34995-2529

2. Principal Place of Business

1415 Moylan Road

3. Mailing Address

1415 Moylan Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32407

Country

USA

Zip

32407

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, M. LANNING, ATTY. AT LAW
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

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.

Anthony Pope (registered agent unchanged)

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	POPE, ANTHONY J.	
STREET ADDRESS	5851 S.E. RIVERBOAT DR.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VST	<input type="checkbox"/> Delete
NAME	POPE, MICHAEL A	
STREET ADDRESS	5851 S.E. RIVERBOAT DR.	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pope, Anthony J.	
STREET ADDRESS	5215 Long John Drive	
CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE	VST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pope, Michael A.	
STREET ADDRESS	5215 Long John Drive	
CITY-ST-ZIP	Panama City Beach, FL 32407	
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		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2000

850-233 6680

Date

Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90160 001 ***150.00

04-20-2000 90160 002 ****13.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)