

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90033 041 \*\*\*158.75

**DOCUMENT # J89492**

1. Entity Name

**INTERNATIONAL MARINA REALTY, INC.**

Principal Place of Business

Mailing Address

**1801 S. FEDERAL HWY 2130 S. TROPICAL TRAIL**  
**202- MERRITT ISLAND, FL**  
**DELRAY BEACH FL 33483 32952**  
**US**

2. Principal Place of Business

**2130 S. TROPICAL TRAIL**

3. Mailing Address

**2130 S. TROPICAL TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MERRITT ISLAND, FL**

City & State

**MERRITT ISLAND, FL**

Zip

**32952**

Country

**USA**

Zip

**32952**

Country

**USA**

6. Name and Address of Current Registered Agent

**WOOLBERT, JAMES**  
**2130 S TROPICAL TRAIL**  
**MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2130 SOUTH TROPICAL TRAIL**

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 **JAMES A. WOOLBERT, PRES**

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

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WOOLBERT, JAMES</b>	
STREET ADDRESS	<b>2130 S TROPICAL TRAIL</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WOOLBERT, BERNICE E.</b>	
STREET ADDRESS	<b>2130 S TROPICAL TRAIL</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: **JAMES A. WOOLBERT, PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**17 Apr. 2002 321-452-1698**

Date

Daytime Phone #

CP2E034 (9/01)