

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90048 006 ***158.75

DOCUMENT # K83393

1. Entity Name
MARITIME VENTURE I, INC.

Principal Place of Business

**300 GOODLAND DRIVE
 GOODLAND FL 34140
 US**

Mailing Address

**PO BOX 156
 GOODLAND FL 34140
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0120263**

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

**DANE, KRIS A
 1300 DOLPHIN RD
 NAPLES FL 34102**

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

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, 2001 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** ☐ Delete
 NAME **DANE, KRIS A**
 STREET ADDRESS **1300 DOLPHIN RD**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ~~WAGGONER, CHARLES~~ ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **COMBS, DENNIS**
 STREET ADDRESS **1500 AIRPORT RD S**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **TREAS** ☐ Change ☒ Addition
 NAME **WAGGONER, CHARLES**
 STREET ADDRESS **PO BOX 1634**
 CITY-ST-ZIP **NAPLES, FL 34106**

TITLE **SD** ☐ Delete
 NAME **STEPHEN, MICHAEL**
 STREET ADDRESS **374 GOLF DR S**
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE ~~TD~~ ☒ Delete
 NAME **WESTON, DAVID**
 STREET ADDRESS **4748 1ST AVE SW**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **WESTON, DAVID**
 STREET ADDRESS **4748 1ST AVE SW**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☐ Delete
 NAME **DANE, DOUGLAS**
 STREET ADDRESS **6240 CYPRESS HOLLOW WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Kris A. Dane* **KRIS A. DANE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01 **941 394 3668**
 Date Daytime Phone #

CR2E034 (10/00)