

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M57644

1. Entity Name
INTERNATIONAL MARINE ASSURANCE CORPORATION

Principal Place of Business
201 OWENS AVE.
STE. A
ST. AUGUSTINE FL 32084
US

Mailing Address
P.O. BOX 860189
ST. AUGUSTINE FL 32086
US

2. Principal Place of Business
5038 ALTA VISTA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL

City & State

4. FEI Number 65-0039633

Applied For
Not Applicable

Zip 32080

Country ST JOHNS

Zip 32080

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARPE, JUDITH
201 OWENS AVE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name SHARPE JUDITH
Street Address (P.O. Box Number is Not Acceptable)
5038 ALTA VISTA AVE
City ST AUGUSTINE FL Zip Code 32080

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHARPE, JUDITH	5038 ALTA VISTA AVE	SAINT AUGUSTINE FL 32084	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	JUDITH SHARPE	5038 ALTA VISTA AVE	SAINT AUGUSTINE FL 32080	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90012 040 ***150.00



DO NOT WRITE IN THIS SPACE

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