

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000736

1. Entity Name

PALM BEACH MARITIME ACADEMY, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90291 013 ****61.25

0032540

Principal Place of Business

Mailing Address

4512 FLAGLER DR.
WEST PALM BEACH FL 33407

4512 FLAGLER DR.
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

4512 N. Flagler Drive

P.O. Box 2317

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State
W. Palm Beach, FL 33407

City & State
Palm Beach, FL 33480

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

ZELLER, RONALD J ESQ.
411 SOUTH COUNTY RD., STE. 200
PALM BEACH FL 33480

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, JOHN C 411 SOUTH COUNTY RD., #200 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZELLER, RONALD J 411 SOUTH COUNTY RD., #200 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZELLER, SUZANNE T 411 SOUTH COUNTY RD., #200 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

Signature Required

JOHN C. GRANT, PRES. 4/18/02 561-842-8202

CR2E037 (9/01)