2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004294

FILED Mar 23, 2003 Secretary of State

Entity Name: THE ST. JOHNS COUNTY REEF RESEARCH TEAM, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	OND STREET STINE, FL 320807349	JS		
Current Mailing Address:		New Mailing Address:		
	OND STREET STINE, FL 320807349	JS		
El Number	: 59-3267098 FEI Nun	nber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Current R	egistered Agent:	Name and Address of	of New Registered Agent:
ST. AUGU The above			purpose of changing its registere	ed office or registered agent, or both,
ST. AUGU The above	OND STREET STINE, FL 320807349 named entity submits the of Florida.		purpose of changing its registere	ed office or registered agent, or both,
ST. AUGU The above n the State	OND STREET STINE, FL 320807349 named entity submits tle of Florida. RE:			ed office or registered agent, or both, Date
ST. AUGU The above n the State SIGNATUR	OND STREET STINE, FL 320807349 named entity submits tle of Florida. RE:	nis statement for the p	ent	
ST. AUGU The above n the State SIGNATUR	OND STREET STINE, FL 320807349 named entity submits the of Florida. RE: Electronic Signat	nis statement for the p	ent	Date
ST. AUGU The above n the State SIGNATUF OFFICER: Vitte: Vame: Address:	OND STREET STINE, FL 320807349 named entity submits the of Florida. RE: Electronic Signate S AND DIRECTORS: D () Delete MILLER, GEORGE 5455 2ND ST	nis statement for the pure of Registered Ag	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE MILLER D 03/23/2003