

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002839

1. Entity Name

INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.

Principal Place of Business

6340 NW 32ND AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address

6340 NW 32ND AVENUE  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

1937 E. Atlantic Blvd

Suite, Apt. #, etc.

Suite 6

City & State

Pompano Beach FL

Zip

33060

Country

USA

3. Mailing Address

1937 E. Atlantic Blvd

Suite, Apt. #, etc.

Suite 6

City & State

Pompano Beach FL

Zip

33060

Country

USA

6. Name and Address of Current Registered Agent

ZARECKI, SCOTT  
6340 NW 32ND AVENUE  
FT. LAUDERDALE FL 33309

4. FEI Number

59-3350894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

SCOTT ZARECKI

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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

TITLE PD  
NAME THOMAS, RUSSELL M  
STREET ADDRESS 135 JOHNNY MERCER BLVD.  
CITY-ST-ZIP SAVANNAH GA 31410 ☐ Delete

TITLE VPD  
NAME THOMAS, JANE E  
STREET ADDRESS MILE 29, OLD NORTHERN HWY.  
CITY-ST-ZIP BELIZE DISTRICT, BELIZE ☐ Delete

TITLE VPD  
NAME THOMAS, MERRITT F  
STREET ADDRESS 2442 BRANDY MILL  
CITY-ST-ZIP HOUSTON TX 77067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

PD

5/1/01 954 782 8483

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91234 038 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)