

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90051 048 ****61.25

DOCUMENT # N95000005143

1. Entity Name

FLORIDA MARITIME FORUM, INC.



Principal Place of Business

**106 E COLLEGE AVE
SUITE 640
TALLAHASSEE FL 32301**

Mailing Address

**PO BOX 10775
TALLAHASSEE FL 32301-32302**

11005802



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3404967**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARKEY, CAROL
106 EAST COLLEGE AVE
SUITE 640
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **SHARKEY, JEFFREY**
Street Address (P.O. Box Number is Not Acceptable)

(SAME)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SHARKEY, JEFFREY B**
STREET ADDRESS **1217 JG LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **S** ☐ Delete
NAME **MCGLUGHLIN, BRIDGETTE**
STREET ADDRESS **106 AST COLLEGE AVE SUITE 640**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
NAME **PINSKY, RICHARD**
STREET ADDRESS **701 KANUGA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **T** ☐ Delete
NAME **SHARKEY, THOMAS**
STREET ADDRESS **106 EAST COLLEGE AVE SUITE 640**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

4/21/03 850 226 1600

CR2E037 (10/02)