

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001086

FILED
May 01, 2003
Secretary of State

Entity Name: INTERNATIONAL MARINE EDUCATORS, INCORPORATED

Current Principal Place of Business:

5102 SE NASSAU TERRACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5102 SE NASSAU TERRACE
STUART, FL 34997

New Mailing Address:

FEI Number: 59-3494351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISER, MATT
5102 SE NASSAU TERRACE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MISER, MATT
Address: 5102 SE NASSAU TERRACE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: COOK, LINDA
Address: P.O. BOX 384
City-St-Zip: PORT SALERNO, FL 34997

Title: D () Delete
Name: MOUNT, BILL
Address: 784 NW 10TH TERRACE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATT MISER

D

05/01/2003

Electronic Signature of Signing Officer or Director

Date