2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006668

Entity Name: CENTRAL FLORIDA MARINE CONSERVATION CORP.

FILED Feb 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 449 PLUM HOLLOW LANE 5105 JONES ROAD MAITLAND, FL 32751 ST. CLOUD, FL 34771 **Current Mailing Address: New Mailing Address:** 449 PLUM HOLLOW LANE 5105 JONES ROAD MAITLAND, FL 32751 ST. CLOUD, FL 34771 FEI Number: 59-3544792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **AMERILAWYER** 343 ALMERIA AVENUE US CORAL GABLES, FL 33134 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ZEMBOWER, JAY Name: Name: 127 BIG OAK BEND Address: Address: City-St-Zip: CHULUOTA, FL 32766 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: GOVATOS, JOHN N Name: TALAMAS, RENE' Address: 449 PLUMHOLLOW LANE Address: 2887 WILLOW BAY TERRACE City-St-Zip: MAITLAND, FL 32751 City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: () Change () Addition MACKICHAN, ROBERT Name: Name: 5105 JONES RD Address: Address: City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: () Delete (X) Change () Addition Title: TD Title: TD Name: CORNELIUS, LON Name: KALENE, TALAMAS 2887 WILLOW BAY TERRACE Address: 2902 PAGE AVE Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: CASSELBERRY, FL 32707

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: JAY ZEMBOWER PD 02/27/2002