

FILED

02 APR -5 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058993

1. Entity Name
INTERMARINE.NET, INC.Principal Place of Business
5083 ARLINGTON EXPRESSWAY, #803
JACKSONVILLE FL 32211Mailing Address
5083 ARLINGTON EXPRESSWAY, #803
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address PmB323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYDEN, CALYPTA ESO.
SUITE 1300 200 W. FORSYTH ST.
JACKSONVILLE FL 32202

NAME WALTER S. MILLSAPS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

200 EAST FORSYTH STREET

City JACKSONVILLE FL Zip Code 32202

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, name, or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when removing)

Date

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$800.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME VANDERBOL, JOHN STEPHEN III
STREET ADDRESS 204 ISLAND GREEN DR.
CITY-STATE-ZIP ST. AUGUSTINE FL 32082TITLE D
NAME CHAMBERLAIN, BURTON G
STREET ADDRESS 13010 COUNTY RD. 18 NORTH
CITY-STATE-ZIP ST. AUGUSTINE FL 32082TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
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STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
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STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SIGNATURE: BURTON G. CHAMBERLAIN 1-3-02 (044) 808-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500005253615-3

04/11/02-01045-002

****150.00 ****150.00

02-10-02 90011 015

750.00

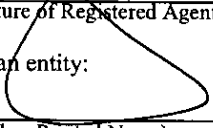
SP

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

3/11/02
(Date)

If signing on behalf of an entity:


(Typed or Printed Name)

(Capacity)

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314