

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90104 024 ***150.00

DOCUMENT # P00000083392

1. Entity Name
MARINE MEDIA & TECHNOLOGY, INC.

Principal Place of Business
2400 E. LAS OLAS BLVD.
#108
FORT LAUDERDALE FL 33301

Mailing Address
2400 E. LAS OLAS BLVD.
#108
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1037672

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MORGAN, WALTER L
315 N.E. THIRD AVENUE
SUITE 200
FORT LAUDERDALE FL 33301

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, WALTER L	
STREET ADDRESS	315 N.E. THIRD AVENUE #200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>BLANK BOLTZ</i>	
STREET ADDRESS	<i>2400 E. LAS OLAS BLVD #108</i>	
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33301</i>	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>PAGE LORD</i>	
STREET ADDRESS	<i>2400 E. LAS OLAS BLVD #108</i>	
CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33301</i>	
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CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Page Lord
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 954-467-2376
 Date Daytime Phone #

CR2E034 (9/01)