

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90374 015 \*\*\*576.25

DOCUMENT # **P00000113857**

1. Entity Name  
**DELMARVA MARICULTURE  
TECHNOLOGIES INC**

010486

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**11555 HERON BAY BLVD.**

3. Mailing Address  
**SAME**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**SUITE 200**

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS FL**

City & State

Zip  
**33076**

Country  
**USA**

Zip

Country

4. FEI Number  
**65-1060944**

Applied For  
Not Applicable

5. Certificate of Status Desired **(3) X** \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**LOUIS F LONCHARICH**

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

**10989 N.W. 56TH CT**

**CORAL SPRINGS 33076**

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 **LOUIS F LONCHARICH** *Louis F Loncharich* **7-12-02**  
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LOUIS F LONCHARICH (V.P.)  
10989 N.W. 56TH CT  
CORAL SPRINGS FL 33076**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
ARTHUR G PETRUZZELLO  
194 SYKES LOOP DRIVE  
MERRITT ISLAND FL 32953**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC/TREASURER  
WILLIAM S PARSONS  
9402 FURROW AVE  
BELLGATE CITY, MD 21042**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
JOHN K AHO  
4200 N MILLER RD  
SCOTTSDALE AZ 85251**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis F Loncharich* **LOUIS F LONCHARICH** **7/12/02** **954-757-8743**  
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034B (12/01)

Attachment

970482

Would like (3) three certificate of status. Enclosed is check which covers the UBR fee and certificates fees. Total \$576.25

Please note change of address below:  
Delmarva Mariculture Technologies Inc  
11555 Heron Bay Blvd  
Suite 200  
Coral Springs, Fl 33076

Document # P00000113857

Thanks,  
*Lou Loncharich*  
Lou Loncharich