FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90390 032 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113857

90069019

1. Entity Name
DELMARVA MARICULTURE TECHNOLOGIES INC.

Principal Place of Business	Mailing Address
11555 HERON BAY BLVD STE 200 CORAL SPRINGS, FL 33076	11555 HERON BAY BLVD STE 200 CORAL SPRINGS, FL 33076

2. Principal Place of Business	3. Mailing Address
194 SYKES Loop Drive	194 SYKES Loop Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MERRITT ISLAND FL	City & State: MERRITT Island FL
Zip: 32953 Country: USA	Zip: 32953 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1060944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONCHARICH, LOUIS F
10989 NW 66TH COURT
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Louis F Loncharich Louis F LONCHARICH 3/27/03
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LONCHARICH, LOUIS F 10989 NW 66TH COURT CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETRUZZELLO, ARTHUR G 194 SYKES LOOP DRIVE MERRITT ISLAND, FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AHO, JOHN K 4200 N MILLER ROAD SCOTTSDALE, AZ 85251	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PARSONS, WILLIAM S 9402 FURROW AVE ELLICOTT CITY, MD 21042	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louis F Loncharich Louis F LONCHARICH 3/27/03 954-757-8743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #