

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000109902

FILED
Mar 15, 2002 8:00 AM
Secretary of State

Entity Name: MARITIME MILLWORKS, INC.

Current Principal Place of Business:

380 COMMERCE PARKWAY
ROCKLEDGE, FL 32955

New Principal Place of Business:

540 CHALLENGER RD
CAPE CANAVERAL, FL 32920

Current Mailing Address:

380 COMMERCE PARKWAY
ROCKLEDGE, FL 32955

New Mailing Address:

540 CHALLENGER RD
CAPE CANAVERAL, FL 32920

FEI Number: 59-3754008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S HARBOR CITY BLVD SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

JONES, BYRON B
540 CHALLENGER RD
CAPE CANAVERAL, FL 32920 US

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: BYRON B JONES

03/15/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPELLMAN, JAMES
Address: 380 COMMERCE PARKWAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: JONES, BYRON
Address: 380 COMMERCE PARKWAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JONES, BYRON B PRES
Address: 540 CHALLENGER RD
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: TRES (X) Change () Addition
Name: JONES, PAMELA SCTY
Address: 540 CHALLENGER RD
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: D () Change (X) Addition
Name: SPELLMAN, JAMES
Address: 540 CHALLENGER RD
City-St-Zip: CAPE CANAVERAL, FL 32920 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SPELLMAN

D

03/15/2002

Electronic Signature of Signing Officer or Director

Date