

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90134 024 \*\*\*150.00

**DOCUMENT # P30986**

1. Entity Name  
**MARINE SCIENTIFIC SERVICES, INCORPORATED**

Principal Place of Business

PO BOX 196  
 YANKEETOWN FL 34498  
 US

Mailing Address

2 GENIE CT 5109 Riverside Dr.  
 YANKEETOWN FL 34498  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 196

Suite, Apt. #, etc.  
 5109 Riverside Dr.

City & State  
 Yankeetown, FL

Zip  
 34498

Country  
 US

4. FEI Number  
 51-0255252

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEROY, E.G.  
 PO BOX 196  
 YANKEETOWN FL 34498

5109 Riverside Dr.

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

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) ☒

**FILE NOW!!! FEE IS \$550.00 \$150.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 MCLEROY, E.G.  
 2 GENIE COURT  
 YANKEETOWN FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPD  
 LEWIS, K M  
 6518 BAYOU GRANDE BLVD  
 ST PETERSBURG FL 33702

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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☐ Change ☐ Addition

CR2E034 (4/02)

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: *E G Mcleroy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02

352-447-0475

Attachment  
Document #  
P30986

7/3/02

B0131898

Division of Corporations

P.O.Box 6327

Tallahassee, FL 32314

I received this "60 days notice" form on 7/2/02 -- a Post Office employee noticed the incorrect address.

I did not receive the "First Notice" Report form.. Since the present " 60 days "notice was sent to an incorrect address ( see photo copy attached ) I believe that the "First Notice" was sent also to the incorrect address and that it was not returned to the Post Office.

I was advised by your office by telephone on 7/3/02 to pay \$150.0 and to attach this explanatory note.

Sincerely,

E. G. McLeroy

E.G. McLeroy, President