

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90238 030 ***150.00

DOCUMENT # P93000027885

1. Entity Name

MARITIME EXPLORATIONS INTERNATIONAL, INC.

Principal Place of Business

201 E PINE ST
 SUITE 710
 ORLANDO FL 32801

Mailing Address

201 E PINE ST
 SUITE 710
 ORLANDO FL 32801

2. Principal Place of Business

60 CARIBE WAY

Suite, Apt. #, etc.

3. Mailing Address

60 CARIBE WAY

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip
32963

Country

City & State

VERO BEACH, FL

Zip
32963

Country

4. FEI Number **59-3182215**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PICKERT, STEPHEN W
201 E PINE ST
SUITE 710
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

L. D. HORNER

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

60 CARIBE WAY

City

VERO BEACH

FL

Zip Code

32963

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

L. D. Horner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/01

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, 2001 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNER, L D	
STREET ADDRESS	201 E PINE ST SUITE 710	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, E A JR	
STREET ADDRESS	201 E PINE ST SUITE 710	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULLIAN, L J	
STREET ADDRESS	201 E PINE ST SUITE 710	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L D HORNER	
STREET ADDRESS	60 CARIBE WAY	
CITY-ST-ZIP	VERO BEACH, FL 32996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, E A JR	
STREET ADDRESS	104 RIVERSIDE DR. # 904	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLIAN, L J	
STREET ADDRESS	7820 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

L. D. Horner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

Daytime Phone #

561-581-5804

CR2E034 (10/00)