

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90036 034 ***150.00

0136408 AV

DOCUMENT # P93000027885

1. Entity Name

MARITIME EXPLORATIONS INTERNATIONAL, INC.

Principal Place of Business

**60 CARIBE WAY
 VERO BEACH FL 32963**

Mailing Address

**60 CARIBE WAY
 VERO BEACH FL 32963**

2. Principal Place of Business

30 BEACHSIDE DRIVE

Suite, Apt. #, etc.

102

City & State

ORCHID, FL

Zip

32963

Country

USA

3. Mailing Address

30 BEACHSIDE DRIVE

Suite, Apt. #, etc.

102

City & State

ORCHID, FL

Zip

32963

Country

USA



DO NOT WRITE IN THIS SPACE

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

HORNER, L.D.

60 CARIBE WAY

VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

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

30 BEACHSIDE DRIVE, # 102

City

ORCHID

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

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 \$150.00
After May 1, 2002 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** ☐ Delete
 NAME **HORNER, L D**
 STREET ADDRESS **60 CARIBE WAY**
 CITY-ST-ZIP **VERO BEACH FL 34996**

TITLE **D** ☐ Delete
 NAME **O'CONNOR, E A JR**
 STREET ADDRESS **104 RIVERSIDE DRIVE # 904**
 CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ Delete
 NAME **ULLIAN, L J**
 STREET ADDRESS **7820 S TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **30 BEACHSIDE DRIVE, # 102**
 CITY-ST-ZIP **ORCHID, FL 32963**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SCOTT HORNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

Daytime Phone #

CR2E034 (9/01)