

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **PA4000053488**
1. Entity Name
INTERNATIONAL MARINE CONSULTING ASSOCIATES, INC.

02 DEC 23 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4905 34th Street South
Suite, Apt. #, etc.
Suite 4000

3. Mailing Address
4905 34th Street South
Suite, Apt. #, etc.
Suite 4000

City & State
St. Petersburg, Florida

Zip
33711 Country
USA

4. FEI Number
59-3265022

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William K. Bennett, Esq.

Street Address (P.O. Box Number is Not Acceptable)
721 1st Avenue North

City
St. Petersburg, FL Zip Code
33701

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP | Director Game, E.C. 4905 34th Street South, # 4000 St. Petersburg, FL 33711 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 000009668380 12/24/02--01034--008 **450.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director MacNeill, Robert 4905 34th Street South St. Petersburg, FL 33711 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all of which I am empowered.

SIGNATURE:  **Robert MacNeill** 12/17/02 (727) 865-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

gt 12/30