


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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90772 048 ***158.75

DOCUMENT # P 95000048940	
1. Entity Name MARITIME CONSULTANTS LIMITED INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16441 BLATT BLVD Suite, Apt. #, etc. # 103 City & State WESTON, FL Zip 33326 Country BROWARD	3. Mailing Address 16441 BLATT BLVD Suite, Apt. #, etc. # 103 City & State WESTON, FL Zip 33326 Country BROWARD
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0596870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name L. GEORGE SCHEER	
Street Address (P.O. Box Number is Not Acceptable) 18323 COLLINS AVE #611	
City SUNNY HSE BEACH FL	Zip Code 33160

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 **L. GEORGE SCHEER** DATE **4-28-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. PRES - DIRECTOR OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph, Stanley R. 16441 BLATT BLVD #103 WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stanley R. Joseph** DATE **4-28-2004** **954-389-0622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)