

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90190 004 ***158.75

DOCUMENT # **995000048940**

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**

3. Mailing Address

16441 BLATT BLVD

Suite, Apt. #, etc. **#103**

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33326

Country

U.S.A.

Zip

33326

Country

U.S.A.

4. FEI Number

650596870

Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

L. GEORGE SCHEER

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

17201 COLLINS AVE # 174

City

SUNNY ISLE 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P-D
STANLEY R. JOSEPH
16441 BLATT BLVD #103
WESTON, FL 33326**

TITLE
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IN THIS SPACE**

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

STANLEY R. JOSEPH

Date

5-19-03

Daytime Phone #

954-389-0622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)