

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90057 035 ***158.75

DOCUMENT # P96000057334

1. Entity Name

MARICULTURE SYSTEMS, INC.

Principal Place of Business

**2504 HARTFORD DR.
LAKE STEVENS WA 98258**

Mailing Address

**POST OFFICE BOX 968
LAKE STEVENS WA 98258**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0677315

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD
SUITE 211
PALM BEACH GARDENS FL 33418**

Name

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

941 FOURTH STREET, # 200City **MIAMI BEACH**

FL

Zip Code **33139**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	DCEO			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MEILAHN, DAVID E									
	7219- 196TH ST. SW, #C3									
	LYNNWOOD WA 98036-4402									
	V			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	LUCE, RICHARD J									
	7219 196TH ST SW #C-5									
	LYNNWOOD WA 98036									
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	JONAS, DON N									
	5023 CLAREMONT WAY									
	EVERETT WA 98203									
	D			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JANECZKO, ROBERT J									
	1021 W BIRCHWOOD ST									
	MORTON IL 61550									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

**2360 GRAND AVENUE
WEST DES MOINES, IOWA 50245**

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

(425) 397-0409

Daytime Phone #