

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000077194**

1. Entity Name

SEA TECH MARINE INT'L, INC.

Principal Place of Business

**415-1 TRESCA RD
JACKSONVILLE FL 32225**

Mailing Address

**PO BOX 49116
JACKSONVILLE FL 32240**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, CHRISTOPHER A ESQ
C/O PATTERSON & GREEN, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

Name

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

City

FL

Zip Code

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HOPKINS, THOMAS A	
STREET ADDRESS	230 15TH STREET SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

TITLE	GRANT C. HIBBARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. D	
STREET ADDRESS	3451 CULLENDON LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOPKINS, THOMAS A	
STREET ADDRESS	250 15TH SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA PELT	
STREET ADDRESS	11367 FT. CAROLINE LKS. DR. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90210 015 ***150.00

00053036

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3401572**

Applied For

Not Applicable

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

CR2E034 (10/00)