

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000077194

FILED  
Apr 18, 2002 8:00 AM  
Secretary of State

Entity Name: SEA TECH MARINE INT'L., INC.

## Current Principal Place of Business:

415-1 TRESCA RD  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

465 TRESCA RD  
JACKSONVILLE, FL 32225

## Current Mailing Address:

PO BOX 49116  
JACKSONVILLE, FL 32240

## New Mailing Address:

FEI Number: 59-3401572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HEEKIN, GEOFFREY ESQ  
C/O BARTLETT, HEEKIN, SMITH & GREEN, P. A.  
1 INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202 US

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: T. GEOFFREY HEEKIN

04/18/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOPKINS, THOMAS A  
Address: 230 15TH STREET SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DP ( ) Delete  
Name: HOPKINS, THOMAS A  
Address: 250 15TH SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD (X) Delete  
Name: HIBBARD, GRANT C  
Address: 3451 CULLENDON LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Delete  
Name: PELT, LAURA  
Address: 11367 FT CAROLINE LAKES DR N  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition  
Name: HOPKINS, THOMAS A  
Address: 230 15TH STREET SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V/T (X) Change ( ) Addition  
Name: KOWKABANY, JOHN  
Address: 465 TRESCA RD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. HOPKINS

P/S

04/18/2002

Electronic Signature of Signing Officer or Director

Date