

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000025769****1. Entity Name**
MARINER TECHNOLOGIES, INC.

Principal Place of Business GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG 33702 FL	Mailing Address GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG 33702 FL
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2. Principal Place of Business GLADES BUILDING, SUITE 303 Suite, Apt. #, etc. 877 EXECUTIVE CENTER DRIVE, WEST	3. Mailing Address GLADES BUILDING, SUITE 303 Suite, Apt. #, etc. 877 EXECUTIVE CENTER DRIVE, WEST
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City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
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Zip 33702	Country US	Zip 33702	Country US
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4. FEI Number 59-3450901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG
33702
US**7. Name and Address of New Registered Agent**

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	04/14/2000 DATE
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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, 2000 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARSH CLIFF 877 EXECUTIVE CENTER DR WEST, STE 303 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGINNESS GREGORY A 877 EXECUTIVE CENTER DR WEST, STE 303 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGINNESS CYNTHIA L 877 EXECUTIVE CENTER DR WEST, STE 303 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARSH CLIFF 877 EXECUTIVE CENTER DR WEST, STE 303 ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGINNESS GREGORY A 877 EXECUTIVE CENTER DR WEST, STE 303 ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGINNESS CYNTHIA L 877 EXECUTIVE CENTER DR WEST, STE 303 ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** Cynthia L. McGinness**PREP** 04/14/2000