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

SIGNATURE:

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P98000093621 1. Entity Name ODYSSEY MARINE, INC. 04-24-2001 90324 029 \*\*\*150.00 Principal Place of Business Mailing Address\* 3507 FRONTAGE ROAD, STE, 100 3507 FRONTAGE ROAD, STE, 100 TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address 3604 SWANN AVE 3604 SWANN Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FFI Number Applied For 59-3548549 AMPA, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS, JOHN C Street Address (P.O. Box Atumber is Not Acceptable) AVE 3507 FRONTAGE ROAD, STE. 100 -TAMPA FL-33607 --AMPA 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete Change MORRIS, JOHN C NAME NAME 3604 SWANN AVE 3507 RONTAGE RD #100 STREET ADDRESS. STREET ADDRESS TAMPA , FL 33609 CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP TITLE ☐ Delete TITLE MORRIS, DAVID A NAME 3604 SWANN AVE 3507 RONTAGE RD #100 STREET ADDRESS STREET ADDRESS TAMPA, FL 33609 CITY-ST-7IP TAMPA FL 33607 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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