

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90296 028 ***150.00

DOCUMENT # S02239

1. Entity Name

MARINE INFORMATION SYSTEMS, INC.

Principal Place of Business

1022 W. S.R. 436
 SUITE 1012
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

P O BOX 162863
 SUITE 2025
 ALTAMONTE SPRINGS FL 32716
 US

2. Principal Place of Business

9064 Greenbrook Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

ORLANDO, FL

City & State

Zip

32810

Country

USA

Zip

Country

4. FEI Number **59-3036791**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNE, GLEN
 1022 W. S.R. 436
 SUITE 1012
 ALTAMONTE SPRINGS FL 32714

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.

(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

TITLE **P** Delete
 NAME **HORNE, GLEN**
 STREET ADDRESS **9064 GREENBROOK CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **V** Delete
 NAME **HORNE, DIANE**
 STREET ADDRESS **9064 GREENBROOK CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

Glen Horne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

407-682-5012

Daytime Phone #

04741

CR2E034 (10/00)