

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22896

1. Entity Name

MARINE ENVIRONMENTAL SOLUTIONS, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90300 041 \*\*\*150.00

Principal Place of Business

4161 CARMICHAEL AVE  
202  
JACKSONVILLE FL 32207  
US

Mailing Address

4161 CARMICHAEL AVE  
202  
JACKSONVILLE FL 32207  
US

2. Principal Place of Business

2105 Southside Blvd

3. Mailing Address

2105 Southside Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3117095

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'PEZIO, ROBERT J.  
2332 BAREFOOT TRACE  
ATLANTIC BEACH FL 32233

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	VD	<input type="checkbox"/> Delete
NAME	CHAMBERS, MARK S.	
STREET ADDRESS	3776 N CATHEDRAL OAKS P	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	O'PEZIO, ROBERT J.	
STREET ADDRESS	2332 BAREFOOT TRACE	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

*Robert J. O'Pezio* Robert J. O'PEZIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/01 904-722-3557

Daytime Phone #

CR2E034 (10/00)