

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90025 011 ***150.00

DOCUMENT # 686450

1. Entity Name

SEACO SUPPLY CORPORATION

Principal Place of Business

Mailing Address

6407 GEORGIA AVE
 WEST PALM BEACH FL 33405
 US

P.O. BOX 17558
 WEST PALM BEACH FL 33416-7558
 US

2. Principal Place of Business

3. Mailing Address

1029 N. Florida Mango Rd.

Suite, Apt. #, etc.
 Bay #8

City & State
 West Palm Beach, FL

Zip
 33409

Country
 US

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2025065**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROESEN, CHRISTOPHER C
6407 GEORGIA AVE.
WEST PALM BEACH FL 33405

Name Kroesen, Christopher C.
 Street Address (P.O. Box Number is Not Acceptable)
 1029 N. Florida Mango Rd. Bay #8
 City West Palm Beach, FL Zip Code 33409

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

Christopher C. Kroesen, President

Christopher C. Kroesen

April 26, 2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	KROESEN, MARTHA	225 - 30TH ST.	W PALM BCH FL	<input type="checkbox"/>
DPT	KROESEN, CHRISTOPHER C.	6407 GEORGIA AVE	W PALM BCH FL	<input type="checkbox"/>
V	MILLER, R P	3613 CRAZY HORSE TR	ST AUGUSTINE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	Kroesen, Christopher C.	1029 N. Florida Mango Rd. Bay #8	West Palm Beach FL 33409	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Christopher C. Kroesen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Christopher C Kroesen
 President

4/26/00 (561) 712-8235
 Date Daytime Phone #