2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 20 PM 1:14
05-06-2002 90229 043 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000005351

1. Entity Name
SEA FAX, INC.

Principal Place of Business
2 MONUMENT SQ
9TH FLOOR
PORTLAND ME 04101
US

Mailing Address
PO BOX 15340
PORTLAND ME 04112

2. Principal Place of Business
Suite, Apt. #, etc. 8th Floor
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 01-0529012 ~~01-0427539~~ | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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	S PIPER, JONATHAN S 443 CONGRESS STREET PORTLAND ME 04101 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George D. Babcu 2 Monument Square Portland, ME 04112 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEATHERBIE, DAVID B TWO MOMUMENT SQUARE PORTLAND ME 04101 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, JOHN C TWO MOMUMENT SQUARE PORTLAND ME 04101 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James M. Bonnie 2 Monument Square Portland, ME 04112 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/20 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2002
Date

207-773-3533
Daytime Phone #

CR2E034 (9/01)