

2002 UNIFORM BUSINESS REPORT (UBR)

7909030

DOCUMENT # **L00000000155**

FILED

1. Entity Name
SEABEAN VENTURE, LLC

02 MAY -2 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**101 GEORGE J. KING BLVD.
CAPE CANAVERAL, FL 32920**

Mailing Address
**P.O. BOX 926
CAPE CANAVERAL FL 32920-0926**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
405-A ATLANTIS ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE A-B

Suite, Apt. #, etc.

City & State
CAPE CANAVERAL, FL

City & State

4. FEI Number **59-3620700** Applied For
Not Applicable

Zip **32920** Country **USA**

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**NODURFT, COLLEEN B
1640 MARS STREET
MERRITT ISLE FL 32953**

7. Name and Address of New Registered Agent
Name **COLLEEN B. NODURFT**
Street Address (P.O. Box Number is Not Acceptable)
8707 LANTANA COURT
City **CAPE CANAVERAL FL** Zip Code **32920**

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 *Colleen B Nodurft* **4/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLEEN NODURFT, COLLEEN B 101 GEORGE J. KING BLVD. CAPE CANAVERAL FL 32920 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, COLLEEN B 1640 MARS STREET MERRITT ISLE FL 32953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/MEMBER COLLEEN B. NODURFT 405-A ATLANTIS ROAD SUITE A-B CAPE CANAVERAL FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/MEMBER CHERYL HAWKINS 2413 N. E. 13th ST PT. LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	60000545028 -05/03/02--01061--026 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Colleen B Nodurft* **4/29/02** **(321) 799-9916**
Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (9/01)