

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90001 008 ***150.00

DOCUMENT # L61859

1. Entity Name
SEAMAN DEVELOPMENT CORP.

Principal Place of Business 11540 HIGHWAY 92 EAST 101 E. KENNEDY BLVD., SUITE 2000 SEFFNER FL 33584 US	Mailing Address 11540 HIGHWAY 92 E. 101 E. KENNEDY BLVD., SUITE 2000 SEFFNER FL 33584 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>11540 US Highway 92 East</i> Suite, Apt. #, etc.	3. Mailing Address <i>11540 US Highway 92 East</i> Suite, Apt. #, etc.
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City & State <i>Seffner, FL</i>	City & State <i>Seffner, FL</i>	4. FEI Number 59-3000017	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33584</i>	Country <i>USA</i>	Zip <i>33584</i>	Country <i>USA</i>

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

6. Name and Address of Current Registered Agent
**BEYER, DAVID A
 RUDNICK & WOLFE
 101 E. KENNEDY BLVD., SUITE 2000
 TAMPA FL 33602**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD SEAMAN, JEFFREY RICHAR 11540 HIGHWAY 92 EAST SEFFNER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLANCHER, JILL SEAMAN 11540 HIGHWAY 92 EAST SEFFNER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FINKEL, JEFFREY 11540 HIGHWAY 92 EAST SEFFNER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEIN, LEWIS 11540 HIGHWAY 92 EAST SEFFNER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWARTZ, LARRY 11540 HIGHWAY 92 EAST SEFFNER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SEAMAN, Jeffrey 11540 US Highway 92 East Seffner, FL 33584 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Kettle, J. Michael 11540 U's. Highway 92 East Seffner, FL 33584 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: *6/7/01* DAYTIME PHONE #: *813 613 5400*

CR2E034 (10/00)