

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90746 001 *****8.75
01-13-2003 90746 002 *****61.25

DOCUMENT # N21860

1. Entity Name

S.E.A. RESCUE FOUNDATION, INC.



Principal Place of Business

**115 N FRANKLIN BLVD
TALLAHASSEE FL 32301**

Mailing Address

**8635 W SAHARA AVE
SUITE 486
LAS VEGAS NV 89117**

55000815



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

625 E. TENNESSEE ST SUITE 200

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32308

Country

USA

Zip

Country

4. FEI Number **43-1259211**

Applied For

Not Applicable

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

SCHWEITZER, THEODORE

115 N FRANKLIN BLVD

TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

625 E. TENNESSEE ST

SUITE 200

City

TALLAHASSEE

FL

Zip Code

32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Theodore G. Schweitzer

7 JAN 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D SCHWEITZER, THEODORE G.**
STREET ADDRESS **762 SAILFISH DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8635 W. SAHARA AVE, APT 486**
CITY-ST-ZIP **LAS VEGAS, NV 89117**

TITLE ☐ Delete
NAME **D SCHWEITZER, DOROTHY**
STREET ADDRESS **216 ANGLER AVE, #15**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LE, HANG T**
STREET ADDRESS **P.O. BOX 9146 N/A**
CITY-ST-ZIP **HURLBURT FL 32544**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8700 CAPTAINS PLACE**
CITY-ST-ZIP **LAS VEGAS, NV. 89117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theodore G. Schweitzer

7 JAN 2003

702 252-5730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)