

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90081 031 ***150.00

DOCUMENT # P00000073480

1. Entity Name
SEA LEVEL GENERAL, INC.

Principal Place of Business
~~3225 AVIATION AVE, 7TH FL~~
~~COCONUT GROVE FL 33133~~

Mailing Address
~~3225 AVIATION AVE, 7TH FL~~
~~COCONUT GROVE FL 33133~~

2. Principal Place of Business
c/o Hinman Straub, P.C.

3. Mailing Address
c/o Hinman Straub, P.C.

Suite, Apt. #, etc.
121 State Street

Suite, Apt. #, etc.
121 State Street

City & State
Albany, NY

City & State
Albany, NY

DO NOT WRITE IN THIS SPACE



4. FEI Number **APPLIED FOR**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~RILEY, PATRICK J~~
~~3225 AVIATION AVE, 7TH FL~~
~~COCONUT GROVE FL 33133~~

7. Name and Address of New Registered Agent

Name
Bolanos Truxton, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive
Suite 340
 City
Ft. Myers **FL** Zip Code
33907

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 Craig Straub

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RILEY, PATRICK J	3225 AVIATION AVE, 7TH FL	COCONUT GROVE FL 33133	<input type="checkbox"/>
VD	RILEY, CHRISTINE C	3225 AVIATION AVE, 7TH FL	COCONUT GROVE FL 33133	<input type="checkbox"/>
SD	ALDRICH, JOHN R	C/O HSP & M-121 STATE ST	ALBANY NY 12207-1693	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		121 State Street	Albany, NY 12207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		121 State Street	Albany, NY 12207	<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02 518-436-0751

CR2E034 (9/01)