

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000075208**
 1. Entity Name **Sea Scrubs, Inc.** ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3665 East Bay Dr.		3. Mailing Address	
Suite, Apt. #, etc. Ste 204		Suite, Apt. #, etc.	
City & State Largo FL		City & State	
Zip 33771	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720595		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Kurt Busse**

Street Address (P.O. Box Number is Not Acceptable)
3665 East Bay Dr. Ste 204

City **Largo** FL Zip Code **33771**

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 **X Kurt Busse** DATE **1-23-02**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, T, S Busse, Kurt 3665 East Bay Dr. Ste 204 Largo FL 33771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Kurt Busse** DATE **1-23-02 (727)538-5771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)