

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90089 001 ***158.75

DOCUMENT # P01000076051

1. Entity Name
SEAHORSE WATER SAFARIS, INC.

Principal Place of Business

**340 WEST FIRST STREET
 PORT ST JOE FL 32456**

Mailing Address

**340 WEST FIRST STREET
 PORT ST JOE FL 32456**

2. Principal Place of Business

PORT SAINT JOE MARINA
 Suite, Apt. #, etc.

3. Mailing Address

PORT SAINT JOE MARINA
 Suite, Apt. #, etc.

City & State

Zip

Country

U.S.A.

City & State

Zip

Country

U.S.A.

4. FEI Number

59-3739222

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GIBSON, THOMAS S
 206 E FOURTH STREET
 PORT ST JOE FL 32456**

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

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

(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, 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 **DPS** ☐ Delete
 NAME **HITES, GARY L**
 STREET ADDRESS **3440 BROOKPARK CIRCLE NW**
 CITY-ST-ZIP **CANTON OH 44718**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **710 GULF AIRE DRIVE**
 CITY-ST-ZIP **PORT SAINT JOE, FLORIDA 32456**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

GARY L HITES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002

Date

850-227-1099

Daytime Phone #

CR2E034 (9/01)