

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90137 021 ***150.00

DOCUMENT # P01000094388

1. Entity Name
SEY AQUARIUMS, INC.

Principal Place of Business
**3379 WEST HILLSBORO BLVD
 DEERFIELD BEACH FL 33342**

Mailing Address
**3379 WEST HILLSBORO BLVD
 DEERFIELD BEACH FL 33342**

900338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 N. Federal Hwy

3. Mailing Address
5601 N. Federal Hwy

Suite, Apt. #, etc.
Suite 8 & 9

Suite, Apt. #, etc.
Suite 8 & 9

City & State
Boca Raton, Fl.

City & State
Boca Raton, Fl.

4. FEI Number
65-1145343

Applied For
 Not Applicable

Zip
33487

Country
Palm Beach

Zip
33487

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

**JOHNSON, ALEX
 3379 WEST HILLSBORO BLVD
 DEERFIELD BEACH FL 33342**

7. Name and Address of New Registered Agent

Name **Kelly Sebrechts**
 Street Address (P.O. Box Number is Not Acceptable)
**4401 N. Ocean Blvd
 C-TH17**
 City **BOCA RATON** FL Zip Code **33431**

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 **Kelly Sebrechts**

4-25-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	Kelly Sebrechts	4401 N. Ocean Blvd. C-TH17	Boca Raton, Fl. 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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: **Kelly Sebrechts** **4-25-02** **561-982-8892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)