

2004 FOR PROFIT CORPORATION ANNUAL REPORT

182

DOCUMENT # P02000108277

1. Entity Name
SEITA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 15 AM 8:00

Principal Place of Business
1500 49TH. STREET SOUTH
ST. PETERSBURG, FL 33707

Mailing Address
1500 49TH. STREET SOUTH
ST. PETERSBURG, FL 33707



09132004 No Chg-P CR2E034 (10/03)

MRD

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1553712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALEH, BASSAM J
110 S. MANHATTAN AVE.
64
TAMPA, FL 33609

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOTEICHE, YOUSSEF S 1500 49TH. ST. S. ST. PETE., FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600041259486
09/22/04--01051--004 **150.00

DO NOT WRITE
IN THIS SPACE

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 607, 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/04 813/60-7658

292

PROFESSIONAL BOOKKEEPERS



110 S. MANHATTAN AVE. ♦ #64 ♦ TAMPA, FL. 33609 ♦ HILLSB.
Phone 813-288-8170 ♦ Fax 813-282-3169

September 12, 2004

TO WHOM IT MAY CONCERN:

I BASSAM J SALEH THE OWNER OF PROFESSIONAL BOOKKEEPERS HAVE MANY OF MY CLIENTS
CALL ME THAT THEY DID NOT RECEIVE THE FIRST RENEWAL.
THIS IS ONE OF THEM PLEASE ACCEPT THE RENEWAL AND WAVE THE LATE FEE FOR THAT
MATTER.
THANK YOU FOR YOUR HELP.
IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE DO NOT HESITATE TO CALL.

CORP. # P02000108297

Sincerely,

BASSAM J. SALEH