2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000086814 **DOCUMENT #**

1. Entity Name

BAMA SEA PRODUCTS, INC.



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90130 023 ***150.00

Principal Place of Business 756 - 28TH ST S ST. PETERSBURG FL 33712 US		Mailing Address 756 - 28TH ST S ST. PETERSBURG FL 3 US	3712				
2. Principal P	lace of Business	3. Mailing Address			() 140() 8)(() 180)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGE	CHECK HERE IF MAKING CHANGES		
City & State		City & State		5Q-3298119 	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Requ	dditional		
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent			
		مرجاء دارخ طحم من دادات	Name	Name			
STEPHEN			Street A	Address (P.O. Box Number is Not Acceptable)	ss (P.O. Box Number is Not Acceptable)		
756 - 28TI			-				
ST. PETER	RSBURG FL 33712						
			City	FL Zip Co	ode		
8, The above the obligat	named entity submits this statemerions of registered agent.	ent for the purpose of changing	its registered office o	r registered agent, or both, in the State of Florida. I am familiar wit	h, and accept		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (N	IOTE: Registered Agent signal	ture required when reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 c Payable to Florida Departme	0.00			.00 May Be led to Fees		
10.	OFFICERS /	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, JOHN 24 PARADISE LANE TREASURE ISLAND FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Change Theoph Connor 341 Avenue D Summerland Key, FL 33042			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACKSON, JOHN 756 - 28TH ST S ST. PETERSBURG FL 33712	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Change Jules Victor III 2711 Abercorn St Sovarnah GA 31405	Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D GODFREY 4297 BUFORD DR STE A BUFORD GA	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEER, JERALD S 1177 SOUTHGATE DR CHARLESTON SC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	e Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		

12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE: