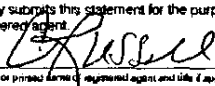
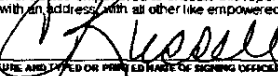


FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90306 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000045026					
1. Entity Name SEASIDE CONSULTING AND SAILING COMPANY					
Principal Place of Business 812 OCEAN BLVD. ATLANTIC BEACH, FL 32233 US			Mailing Address 812 OCEAN BLVD. ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
☐ CHECK HERE IF MAKING CHANGES					
4. FEI Number 59-3387880				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, CAROLYN 347 3RD ST ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name Carolyn Russell Street Address (P.O. Box Number is Not Acceptable) 812 Ocean Blvd. City Atlantic Beach FL Zip Code 32233		
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  DATE 07/03/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
VP RUSSELL, CARL 812 OCEAN BOULEVARD ATLANTIC BEACH, FL 32233					
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 like empowered.					
SIGNATURE:  DATE 07/03/03			904.246.4130		
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

CR2E034 (10/02)