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

## DOCUMENT #

P97000015696

Mailing Address

1. Entity Name

SEA GULF, INC.

Principal Place of Business



## **FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90313 033 \*\*\*150.00

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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	2301 DEL PRADO BOULEVARD. SUITE 100 CAPE CORAL FL 33990		2301 DEL PRADO BOULEVARD. SUITE 100 CAPE CORAL FL 33990					<b>lei b</b> ere <b>e o</b> re	LA CALCO ALCO LACO			
City & State  City & State of Forder Address of New Registered Agent  The Address of New Registered Age	2. Principal Place of Business		3. Mailing Address									
City & State  Ci	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
Country   Z-p   Country   Z-p   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required	City & Sta	nte	City & State			A EEI Number			- Applied For			
SENERAT, VASANTA 4331 DELEON ST SUITE 110 FT MYERS FL 33907 City FL Zip Code  8. The above named entity submits gigs elatement for the purpose of changing its registered defect or registered agent, or both, in the State of Florida. I am termitar with, and accept the obligations of registered agent and the registered agent and the registered agent and the registered agent are registered agent and the registered agent and the registered agent are because it may 1,2003 Fee will be \$550,00 After May 1,2003 Fee will be \$550,00 A	Zip	Country	Zip	Country				8.75 Ac	ditional			
SENERAT, VASANTA 4531 DELEON ST SUFFE 110 FT MYERS FL 33907  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 legis series agent.  SIGNATURE  Solution, specific standard and or registered agent and the 7 applicable. (PICTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of legis series agent.  SIGNATURE  SIGNATURE  SIGNATURE  ARE May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Origin Francing  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Origin Francing  FOR OPFICERS AND DIRECTORS IN 11  THE  LAMAC, DOROTHEA OR.  2010 DEL PRADO BOULEVARD, SUITE 100  COTY-SI-2P  CAPE CORAL FL 33990  Delete  THE  NAME  STRET AUDRESS  COTY-SI-2P  THE		6. Name and Address of Current	Registered Agent	1	-	7. Name and Address of New Peole			ed			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City					Name	The state of the s	ICIOU AU	CHIL				
ET MYERS FL 33907  City FL Zip Code  8. The above named, entity submits trys statement for the purpose of changing its registered office or registered agent, or both, in the Stato of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Code   C	4531 DEI	EON ST	Street Addres		Street Address	s (P.O. Box Number is Not Acceptable)						
B. The above named entity submits the part of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signatura, bread or strated rains of registered agent and their displicable.   NOTE Registered Agent sprature sequence when retrieval properties.				-	City		FI	Zip Cor	de			
Atter May 1, 2003 Fee will be \$550.00 Alter May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Floridal Department of State  10.	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.											
After May 1, 2003 Fée will be \$55,0.00 May Be Added to Florida Department of State  10.	1,000		and title if applicable. (NOTE	E: Registered A	gent signature require	d when reinstating)	DATE					
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12. Thereby Certify that the information supplied with this filling does not builtify for the exemption stated in Section 119.07(2)(i). Florida State 1.5. II.		ertify that the information asset is		-■								

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 changed, or on an attachment with an other street, with an other law empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with applica-

SIGNATURE: