

2000 UNIFORM BUSINESS REPORT (UBR)

4/3

DOCUMENT # 725309

1. Entity Name

SEAMARK, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

04-03-2000 90208 020 ****61.25

Principal Place of Business

5396 GULF BLVD.
ST. PETERSBURG FL 33706-2301

Mailing Address

5396 GULF BLVD.
ST. PETERSBURG FL 33706-2328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10033 9th Street North

Suite, Apt. #, etc.

2nd Floor

City & State

St. Petersburg, Fl

Zip

33716

Country

USA

4. FEI Number

59-2264117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAMER, WILLIAM	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, FRED	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	BENNETT, ROBERT	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIEGLE, ROY	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Don Bartelt	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Anver Suleiman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Jeanne Bedami	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie King	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Rhamstine	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stan Laiewski	
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)