

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90734 034 ***150.00

DOCUMENT # 573913

1. Entity Name

SEE THE SEA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17580 GULF BLVD P.H.2

3. Mailing Address

414 TURNER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

REDINGTON SHORES, FL 33708

City & State

CLEARWATER, FL 33756-5329

4. FEI Number

59-1828435

Applied For

Not Applicable

Zip

33708

Country

PINELLAS

Zip

33756-5329

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: VIRGINIA J TREFZ

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

414 TURNER STREET

CLEARWATER, FL 33756-5329

City

FL

Zip Code

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPICER, PHILIP M. 17580 GULF BLVD PH 2 REDINGTON SHORES, FL 33708
------------------------------------------------	-------------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREFZ, VIRGINIA J 1100 SO BELCHER RD LOT 682 LARGO, FL 33771-3409
------------------------------------------------	------------------------------------------------------------------------------

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	
------------------------------------------------	--

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	
------------------------------------------------	--

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia J Trefz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

4-1-02 (727) 449 1043