

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

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90033 015 ***150.00

DOCUMENT # 573913

1. Entity Name

SEE THE SEA INC.



DO NOT WRITE IN THIS SPACE

94013186

2. Principal Place of Business

17580 GULF BLVD. P.H.2

3. Mailing Address

414 TURNER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

REDINGTON SHORES, FL

City & State

CLEARWATER, FL

4. FEI Number

59-1828435

Applied For

Not Applicable

Zip

33708

Country

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 ST

City

CLEARWATER,

FL

Zip Code
33756-5329

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

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
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-04 (127) 449 1043