2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90061 043 ***150.00

DOCUMENT # 573913

1. Entity Name

SEE THE SEA INC.

DO NOT WRITE IN THIS SPACE

40018457

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2. Principal Place of Business	3. Mailing Address
175 GULF BLVD P.H.2	414 TURNER ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: REDINGTON SHORES, FL	City & State: CLEARWATER, FL
Zip: 33708 Country: PINELLAS	Zip: 33756-5329 Country: PINELLAS

4. FEI Number: 59-1828435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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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

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	SPICER, PHILLIP M.
STREET ADDRESS	17580 GULF BLVD. PH 2
CITY-ST-ZIP	REDINGTON SHORES, FL 33708
TITLE	T
NAME	TREFZ, VIRGINIA J.
STREET ADDRESS	1100 SO BELCHER RD LOT 682
CITY-ST-ZIP	LARGO, FL 33771-3409
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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: Virginia J Trefz 2-9-05 (727) 449 1043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #