FOR PROFIT CORPORATION
2006 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90377 008 ***150.00

DOCUMENT # 573913

1. Entity Name
SEE THE SEA INC.

DO NOT WRITE IN THIS SPACE

60024369

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2. Principal Place of Business
175 GULF BLVD P.H.2
Suite, Apt. #, etc.
City & State
REDINGTON SHORES, FL
Zip 33708 Country USA

3. Mailing Address
414 TURNER ST
Suite, Apt. #, etc.
City & State
CLEARWATER, FL
Zip 33756-5329 Country USA

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

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

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: Virginia J Trefz 3-31-06 (727) 449-1043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #