

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

DOCUMENT # 573913

1. Entity Name

SEE THE SEA INC.



FILED

03 APR -8 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700015477547  
01/08/03--01072--020 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17580 GILF BLVD. P.H.2

3. Mailing Address

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
VIRGINIA J TREFZ

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

414 TURNER STREET

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

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
T	TREFZ, VIRGINIA J.	1100 SO BELCHER RD LOT 682	LARGO, FL 33771-3409

**DO NOT WRITE  
IN THIS SPACE**

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 #

CR2E034B (12/02)