## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 244294 1. Entity Name SEYMOUR BUILDING, INC. Principal Place of Business Mailing Address 1633 RIVER LANE 1633 RIVER LANE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 2529 5+ Suite, Apt. #, etc. Suite, Apt. #, etc. City & State dal Horioa Country USA 6. Name and Address of Current Registered Agent Name

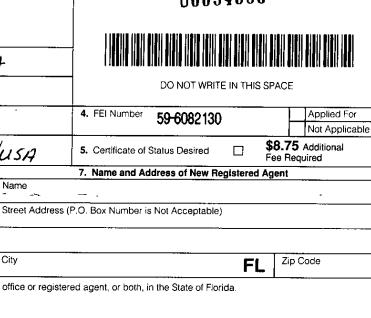
The above named entity submits this statement for the number of changing its registered efficiency

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

## FILED May 15, 2001 8:00 am Secretary of State

05-15-2001 90134 033 \*\*\*150.00

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•	The above harried entity	Submits this statement for	the purpose of change	ing its registered office of	r registered agent, or b	oun, in the State of Flori

9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.

PAYNE JOHN H

1028 NE 45TH STREET OAKLAND PARK FL 33308

> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition SEYMOUR, CHARLES F. NAME NAME STREET ADDRESS 1633 RIVER LANE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAYNE, JOHN H NAME NAME STREET ADDRESS 1028 NE 45TH STREE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OAKLAND PARK FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 reserver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

;R2E034 (10/00)