2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State 331323 DOCUMENT # 1. Entity Name 04-02-2002 90926 018 ***150 00 SEA CLIFF BY THE SEA, INC. Mailing Address Principal Place of Business 4334 EAST TRADEWINDS 4334 EAST TRADEWINDS LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN-THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1215965 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYATT, FRANK Street Address (P.O. Box Number is Not Acceptable) 4334 EAST TRADEWINDS LAUDERDALE BY THE SEA FL 33308 Zip Code City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Change ☐ Addition **PSTD** ☐ Delete TITLE TITLE NAME MYATT, FRANK NAME 4334 E. TRADEWINDS AVENUE STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FRANK MYATT

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/26/02

954-491-5289

Daytime Phone #