

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90021 027 ***150.00

DOCUMENT # 354433

1. Entity Name
SEACOAST ELECTRONICS INC

Principal Place of Business

**240 TALLEYRAND AVE
 JACKSONVILLE FL 32202**

Mailing Address

**240 TALLEYRAND AVE
 JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1276130**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~THOMAS, JACK H
 240 TALLEYRAND AVE
 JACKSONVILLE FL 32202~~

Name **THOMAS, ARTHUR H.**

Street Address (P.O. Box Number is Not Acceptable)
10218 HEATHER GLEN

City **JACKSONVILLE, FL** Zip Code **32256**

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  **PRESIDENT/CEO** **JANUARY 21, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, JACK H. | |
| STREET ADDRESS | 2740 JOE ASHTON ROAD | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32092 | |
| TITLE | SDT | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, MARYLU | |
| STREET ADDRESS | 2740 JOE ASHTON ROAD | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32092 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STRODE, ROBERT O. | |
| STREET ADDRESS | 3854 HABERSHAM FOREST DR | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMAS, ARTHUR H | |
| STREET ADDRESS | 10218 HEATHER GLEN | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2002 9043550343
 Date Daytime Phone #

CR2E034 (9/01)