

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 358681

1. Entity Name

SEABOARD SUPPLY, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90106 034 \*\*\*150.00

Principal Place of Business

Mailing Address

~~8145 5TH AVE. N~~  
P.O. BOX 14277  
ST PETERSBURG FL 33733  
US

P.O. BOX 14277  
ST PETERSBURG FL 33733-4277  
US

2. Principal Place of Business

3. Mailing Address

65-66 ST. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1280993

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMES, A GENE

~~8145 5TH AVE NO~~  
ST PETERSBURG, FL  
~~33713~~

Name

65-66 ST. No.

City

FL 33710

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

*A. Gene Grimes* A. GENE GRIMES

4/10/00

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, 2000 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 PTDS ☐ Delete  
NAME GRIMES, A GENE  
STREET ADDRESS ~~8145 5TH AVE, NO~~  
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS PO Box 14004  
CITY-ST-ZIP ZIP- 33733

TITLE VD ☐ Delete  
NAME PINNEY III, DONALD A  
STREET ADDRESS 884 PONCE DE LEON DR  
CITY-ST-ZIP TIERRA VERDE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*A. Gene Grimes* A. GENE GRIMES

Date

Daytime Phone #

4/10/00 727-323-8818

CR2E034 (9/99)