

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90062 030 \*\*\*150.00

**DOCUMENT # 492223**

1. Entity Name

**SEAROCK, INC.**

Principal Place of Business

Mailing Address

401 SW FIRST AVENUE  
 FT. LAUDERDALE FL 33301  
 US

401 SW FIRST AVENUE  
 FT. LAUDERDALE FL 33301-2801  
 US

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

**13-2841232**

Applied For

Not Applicable

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

**WAXLER, CAROL S**  
**THE ALLIED MARINE GROUP**  
**110 NORTH DIXIE HIGHWAY**  
**STUART FL 34994**

Name

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

City

**FL**

Zip Code

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

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 PD  Delete  
 NAME TRACY, DWIGHT  
 STREET ADDRESS 401 SW FIRST AVENUE  
 CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D  Change  Addition  
 NAME Robert J. Tomsich  
 STREET ADDRESS 6140 Parkland Boulevard  
 CITY-ST-ZIP Mayfield Heights, OH 44124

TITLE VSD  Delete  
 NAME PASCA, ANTHONY A JR  
 STREET ADDRESS 401 SW FIRST AVENUE  
 CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D/V  Change  Addition  
 NAME Frank J. Rzicznek  
 STREET ADDRESS 6140 Parkland Boulevard  
 CITY-ST-ZIP Mayfield Heights, OH 44124

TITLE V  Delete  
 NAME STEPIC, GREG  
 STREET ADDRESS 401 SW 1ST AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D  Change  Addition  
 NAME John R. Tomsich  
 STREET ADDRESS 6140 Parkland Boulevard  
 CITY-ST-ZIP Mayfield Heights, OH 44124

TITLE V  Delete  
 NAME THOMAS, SANDERS C.  
 STREET ADDRESS 110 N. DIXIE HIGHWAY  
 CITY-ST-ZIP STUART FL 34994

TITLE V  Change  Addition  
 NAME Carol S. Waxler  
 STREET ADDRESS 110 N. Dixie Highway  
 CITY-ST-ZIP Stuart, FL 34994

TITLE V  Delete  
 NAME GALE, STEVE  
 STREET ADDRESS 1145 S.E. 16TH STREET  
 CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME BURKARD, JON  
 STREET ADDRESS 110 N. DIXIE HIGHWAY  
 CITY-ST-ZIP STUART FL 34994

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:

*Signature of Carol S. Waxler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(561) 692-1122

Daytime Phone #

CR2F034 (9/99)