

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90136 016 \*\*\*150.00

**DOCUMENT # 492223**

1. Entity Name  
**SEAROCK, INC.**

Principal Place of Business <b>401 SW FIRST AVENUE          FT. LAUDERDALE FL 33301          US</b>	Mailing Address <b>401 SW FIRST AVENUE          FT. LAUDERDALE FL 33301          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>110 N. Dixie Highway</b> Suite, Apt. #, etc.
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City & State City & State <b>Stuart, FL</b>	4. FEI Number <b>13-2841232</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34994</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WAXLER, CAROL S  
 THE ALLIED MARINE GROUP  
 110 NORTH DIXIE HIGHWAY  
 STUART FL 34994**

7. Name and Address of New Registered Agent.  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TRACY, DWIGHT 401 SW FIRST AVENUE FT. LAUDERDALE FL 33301</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD PASCA, ANTHONY A JR 401 SW FIRST AVENUE FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STEPIC, GREG 401 SW 1ST AVE. FT. LAUDERDALE FL 33301</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WAXLER, CAROL S 110 N. DIXIE HIGHWAY STUART FL 34994</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GALE, STEVE 1145 S.E. 16TH STREET FT. LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BURKARD, JON 110 N. DIXIE HIGHWAY STUART FL 34994</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/D JOUSMA, GEORGE L. 1445 SE 16th Street Ft. Lauderdale, FL 33316</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P./COO/D PASCA, ANTHONY A., JR. 401 SW 1st Avenue Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S WAXLER, CAROL S. 110 N. Dixie Highway Stuart, FL 34994</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GALE, STEVE 1445 SE 16th Street Ft. Lauderdale, FL 33316</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D BURKARD, JON 110 N. Dixie Highway Stuart, FL 34994</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **4/27/01 (561) 692-1122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)