2000 UNIFORM BUSINESS REPORT (UBR)

Jan 12, 2000 8:00 am DOCUMENT # 504062 **Secretary of State** 1. Entity Name SEA MIST ENTERPRISES, INC. 01-12-2000 90027 041 ***150 00 Principal Place of Business Mailing Address 700 CASA LOMA BLVD 700 CASA LOMA BLVD **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435-4102 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1681947 ا البابية Not A Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, JANET B. 700 CASA LOMA BLVD **BOYNTON BEACH FL 33435** 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 (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Delete TITLE TITLE GARNSEY, DANIEL, BURTON NAME NAME 316 SW 1 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP PD ☐ Change TITLE ☐ Delete GARNSEY, BARKLEY NAME NAME 316 SW 1 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P **BOYNTON BEACH FL** Delete : TITLE HALL, JANET, B NAME NAME 700 CASA LOMA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH FL** CITY-ST-ZIP Change TITLE ☐ Delete TITLE MASTROLEO, JEANNETTE I GARNSEY, JEANNETTE NAME NAME 316 SW 1ST AVE STREET ADDRESS STREET ADDRESS 2825 SN STEST CITY-ST-ZIF **BOYNTON BCH FL** CITY-ST-7IP BOYNTON BEACH, FL 33435 ☐ Change Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ ···· Change ☐ 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 filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SGNATURE AND TYPED OR PRIMITED NAME OF SIGNING OFFICER OR DIRECTOR

1400 (56) 732-9974