## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jul 10, 2001 8:00 am DOCUMENT # 505949 **Secretary of State** 1. Entity Name SEABROOK BUSINESS BROKERS, INC. 07-10-2001 90125 010 \*\*\*550.00 Principal Place of Business Mailing Address 5132 JUNGLE PLUM RD PO BOX 35234 60016441 SARASOTA FL 34242 SARASOTA FL 34242 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1675491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRAULT, DENNIS Street Address (P.O. Box Number is Not Acceptable) 5167 DEWEY PL SARASOTA FL 34242 City 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) FILE NOW!!! FEE IS \$150.00 \$550.00 After MAY 1, 2001 Fee will be \$550.00 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PERRAULT, DENNIS NAME 5246 ASHLEY DKWY NAME STREET ADDRESS 5167 DEWEY PL STREET ADDRESS SARASOTA FL 34141 CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PERRAULT, GERARD NAME NAME STREET ADDRESS **65 SHERWOOD DRIVE** STREET ADDRESS CITY-ST-ZIP LARCHMONT NY CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MONVILLE, JAMES J. NAME: NAME STREET ADDRESS 2729 SUNCREST DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 an attachment with an address, with all other like empowered.