

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90421 025 ***150.00

MADE IN FLORIDA

DOCUMENT # 583468

1. Entity Name
THE SEAFARER REEF, INC.



Principal Place of Business
**3386 HUNT CLUB DR
CLEARWATER FL 33761
US**

Mailing Address
**3386 HUNT CLUB DR
CLEARWATER FL 33761
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-1845818**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEMAS, JOANNA
3386 HUNT CLUB DR
CLEARWATER FL 33761**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joanna Demas* DATE **1/12/03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEMAS, JOANNA	
STREET ADDRESS	3386 HUNT CLUB DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DEMAS, CHRIS	
STREET ADDRESS	3386 HUNT CLUB DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMAS, WILLIAM	
STREET ADDRESS	6081 21ST AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM DEMAS	
STREET ADDRESS	2710 Montague St	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *JOANNA DEMAS* DATE **1/12/03** (727) **786-4929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)