

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90077 014 ***150.00

DOCUMENT # 626280

1. Entity Name
SEAQUATICS CORP.



Principal Place of Business
**#47 SHORE LANE
BOX 440407
SUGARLOAF FL 33044**

Mailing Address
**#47 SHORE LANE
BOX 440407
SUGARLOAF FL 33044**



2. Principal Place of Business

110 Shore Lane

3. Mailing Address

110 Shore Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Sugarloaf, FL.

City & State
Sugarloaf, FL.

4. FEI Number **59-1913108**

Applied For
Not Applicable

Zip
33042

Country
USA

Zip
33042

Country
USA

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

**FARRELY, GREGORY G.
CATALOMO & FARRELY
506 LOUISA ST
KEY WEST FL 33040**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KEHOE, PETER**
STREET ADDRESS **47 SHORE LANE**
CITY-ST-ZIP **SUGAR LOAF FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Kehoe, Peter**
STREET ADDRESS **110 Shore Lane**
CITY-ST-ZIP **Sugarloaf, FL. 33042**

TITLE **ST** ☐ Delete
NAME **KEHOE, EDIE**
STREET ADDRESS **47 SHORE LANE**
CITY-ST-ZIP **SUGARLOAF FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **Kehoe, Edie**
STREET ADDRESS **110 Shore Lane**
CITY-ST-ZIP **Sugarloaf, FL. 33042**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 (Edie Kehoe)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 305 1245 2629
Date Daytime Phone #

CR2E034 (10/02)