

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90056 041 \*\*\*\*61.25

**DOCUMENT # 708581**

1. Entity Name

**SEA-N-SHORE WATER SAFETY CONSULTANTS, INC.**

Principal Place of Business

1428 LAKEVIEW DR  
 TARPON SPRINGS FL 34689  
 US

Mailing Address

1428 LAKEVIEW DR  
 TARPON SPRINGS FL 34689  
 US

2. Principal Place of Business

9512 Scot St

Suite, Apt. #, etc.

3. Mailing Address

9512 Scot St

Suite, Apt. #, etc.

City & State

Hudson FL

Zip

34669

Country

City & State

Hudson FL

Zip

34669

Country

4. FEI Number

59-1147333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MEIER, DAVID P.  
 1428 LAKEVIEW DR  
 TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

David P Meier

Street Address (P.O. Box Number is Not Acceptable)

9512 Scot St

City

Hudson

FL

Zip Code

34669

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

David P. Meier

David P Meier

4-10-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
 NAME MEIER, DAVID P.  
 STREET ADDRESS 1428 LAKEVIEW DR  
 CITY-ST-ZIP TARPON SPRINGS FL ☐ Delete

TITLE DVP  
 NAME CUEVAS, MIRTHA, M.D.  
 STREET ADDRESS 2106 HILLCREST ST.  
 CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE DST  
 NAME WOMACK, BRUCE  
 STREET ADDRESS 2710 N. DELLWOOD DR.  
 CITY-ST-ZIP EUSTIS FL ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Meier ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 9512 Scot St  
 CITY-ST-ZIP Hudson FL 34669

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

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

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

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 617, 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: David P Meier

David P Meier

4-10-01

727-

819-1862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)