

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/21

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90017 034 \*\*\*\*61.25

**DOCUMENT # 739375**

1. Entity Name

**SEAWATCH OF MARCO, INC.**

Principal Place of Business

209 S. COLLIER BLVD.  
 MARCO ISLAND FL 34145  
 US

Mailing Address

209 S. COLLIER BLVD.  
 MARCO ISLAND FL 34145  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1848654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CAMPOSANO, EDWARD**  
**209 S. COLLIER BLVD.**  
**MARCO ISLAND FL 34145**

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.

SIGNATURE

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          | P   | DAUGHERTY, ROBERT     | <input type="checkbox"/> Delete |
| NAME           |     |                       |                                 |
| STREET ADDRESS |     | 207 S COLLIER BLVD    |                                 |
| CITY-ST-ZIP    |     | MARCO ISLAND FL       |                                 |
| TITLE          | S   | PLUCENIK, EDWARD      | <input type="checkbox"/> Delete |
| NAME           |     |                       |                                 |
| STREET ADDRESS |     | 1109 CANTERBURY RD    |                                 |
| CITY-ST-ZIP    |     | MILFORD DE            |                                 |
| TITLE          | VPD | VIAPIANO, FRANK       | <input type="checkbox"/> Delete |
| NAME           |     |                       |                                 |
| STREET ADDRESS |     | 60 RIDGE DR           |                                 |
| CITY-ST-ZIP    |     | PLAINVIEW NY          |                                 |
| TITLE          | D   | NUGENT, FRANK         | <input type="checkbox"/> Delete |
| NAME           |     |                       |                                 |
| STREET ADDRESS |     | 229 S COLLIER BLVD    |                                 |
| CITY-ST-ZIP    |     | MARCO ISLAND FL 34145 |                                 |
| TITLE          | TD  | MOGAN, JAMES          | <input type="checkbox"/> Delete |
| NAME           |     |                       |                                 |
| STREET ADDRESS |     | 201 S COLLIER BLVD    |                                 |
| CITY-ST-ZIP    |     | MARCO ISLAND FL       |                                 |
| TITLE          |     |                       | <input type="checkbox"/> Delete |
| NAME           |     |                       |                                 |
| STREET ADDRESS |     |                       |                                 |
| CITY-ST-ZIP    |     |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |     |                      |                                                                              |
|----------------|-----|----------------------|------------------------------------------------------------------------------|
| TITLE          | P   | FRANK VIAPIANO       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |     |                      |                                                                              |
| STREET ADDRESS |     | 221 S. COLLIER BLVD. |                                                                              |
| CITY-ST-ZIP    |     | MARCO ISL, FLA 34145 |                                                                              |
| TITLE          | Y   | ROBERT ERICKSON      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |     |                      |                                                                              |
| STREET ADDRESS |     | 221 S. COLLIER BLVD. |                                                                              |
| CITY-ST-ZIP    |     | MARCO ISL, FLA 34145 |                                                                              |
| TITLE          | D   | ERNIE COOLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |     |                      |                                                                              |
| STREET ADDRESS |     | 225 S. COLLIER BLVD. |                                                                              |
| CITY-ST-ZIP    |     | MARCO ISL, FLA 34145 |                                                                              |
| TITLE          | S/D | FRANK NUGENT         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |     |                      |                                                                              |
| STREET ADDRESS |     | 229 S. COLLIER       |                                                                              |
| CITY-ST-ZIP    |     | MARCO ISL, FLA 34145 |                                                                              |
| TITLE          |     | SAME                 | <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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)