

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-15-2002 90047 021 ****61.25

DOCUMENT # 739375

1. Entity Name

SEAWATCH OF MARCO, INC.

Principal Place of Business

Mailing Address

209 S. COLLIER BLVD.
 MARCO ISLAND FL 34145
 US

209 S. COLLIER BLVD.
 MARCO ISLAND FL 34145
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	DAUGHERTY, ROBERT	
STREET ADDRESS	207 S COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	S	☒ Delete
NAME	PLUCENIK, EDWARD	
STREET ADDRESS	1109 CANTERBURY RD	
CITY-ST-ZIP	MILFORD DE	
TITLE	P	☐ Delete
NAME	VIPIANO, FRANK	
STREET ADDRESS	221 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	SD	☐ Delete
NAME	NUGENT, FRANK	
STREET ADDRESS	229 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	TD	☒ Delete
NAME	MOGAN, JAMES	
STREET ADDRESS	201 S COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	☐ Delete
NAME	COOSE, ERNIC	
STREET ADDRESS	225 S. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	☒	☒ Change ☐ Addition
NAME	Robert PRICKEN	
STREET ADDRESS	217 S. COLLIER	
CITY-ST-ZIP	MARCO ISL, FL 34145	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☒ Change ☐ Addition
NAME	John KETT	
STREET ADDRESS	209 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISL, FL 34145	
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:

SIGNATURE REQUIRED
ED CAMPOSANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 941-354-8200

CR2E037 (9/01)