

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90049 012 \*\*\*\*70.00

**DOCUMENT # 745524**

1. Entity Name

**SEAGULL INDUSTRIES FOR THE DISABLED, INC.**

Principal Place of Business

Mailing Address

3879 W INDUSTRIAL WAY  
 RIVIERA BCH FL 33404  
 US

3879 W INDUSTRIAL WAY  
 RIVIERA BCH FL 33404  
 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

**59-1879968**

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

**EISINGER, ALFRED N**  
**13763 ALDSWORTH CT.**  
**WELLINGTON FL 33414**

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

*Alfred N. Eisinger*  
**ALFRED N. EISINGER**

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

(NOTE: Registered Agent signature required when reinstating)

**1/14/02**

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: **DWYER, TOM**  
 STREET ADDRESS: **925 N LOXAHATCHEE DRIVE**  
 CITY-ST-ZIP: **JUPITER FL 33458**

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

TITLE: **V.**  Delete  
 NAME: **SHEEHAN, III, THOMAS A**  
 STREET ADDRESS: **825 N. FLAGLER DR**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33404**

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

TITLE: **S.**  Delete  
 NAME: **WEAVER, KATHLEEN**  
 STREET ADDRESS: **1555 PB LAKE BLVD**  
 CITY-ST-ZIP: **W PALM BEACH FL 33401**

TITLE: **SECRETARY**  Change  Addition  
 NAME: **CARMELA NANTON**  
 STREET ADDRESS: **117 WATERWAY ROAD**  
 CITY-ST-ZIP: **ROYAL PALM BEACH, FL 33411**

TITLE: **D.**  Delete  
 NAME: **LOWE, SUSAN**  
 STREET ADDRESS: **~~4808 GEORGIA AVE~~**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33405**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: **835 W. LAKEWOOD ROAD**  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D.**  Delete  
 NAME: **KIRK, KATIE**  
 STREET ADDRESS: **926 S.W. 37TH COURT**  
 CITY-ST-ZIP: **BOYNTON BEACH FL 33435**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: **926 S.W. 37TH COURT**  
 CITY-ST-ZIP:  Change  Addition

TITLE: **T.**  Delete  
 NAME: **LAVELLE, PAT**  
 STREET ADDRESS: **1943 NEW HAVEN AVE**  
 CITY-ST-ZIP: **WELLINGTON FL 33414**

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

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 which I am like empowered.

SIGNATURE:

*Tom Dwyer*  
**Tom Dwyer**

**1/14/02 561-655-5590**

CR2E037 (9/01)