

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90149 009 ****70.00

DOCUMENT # **745524**

1. Entity Name
SEAGULL INDUSTRIES FOR THE DISABLED, INC.



Principal Place of Business
**3879 W INDUSTRIAL WAY
RIVIERA BCH FL 33404
US**

Mailing Address
**3879 W INDUSTRIAL WAY
RIVIERA BCH FL 33404
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alfred N. Eisinger*

DATE *1/21/03*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DWYER, TOM	
STREET ADDRESS	925 N LOXAHATCHEE DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHEEHAN, III, THOMAS A.	
STREET ADDRESS	625 N. FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NANTON, CARMELA	
STREET ADDRESS	117 WATERWAY RD	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, SUSAN	
STREET ADDRESS	835 W LAKEWOOD RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRK, KATIE	
STREET ADDRESS	926 SW 37TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAVELLE, PAT	
STREET ADDRESS	1943 NEW HAVEN AVE	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY DOLBOW	
STREET ADDRESS	1392 WATERWAY COVE DR.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKY NOLEN	
STREET ADDRESS	5400 BROADWAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM ARTH	
STREET ADDRESS	2110 TAMOSHANTER DR.	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	

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: *KATHY DOLBOW* PRESIDENT *1/21/03* *561-731-2133*

CR2E037 (10/02)