

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90086 050 ****61.25

DOCUMENT # 761225

1. Entity Name

SEA BRITT, INC.

Principal Place of Business

Mailing Address

1331 SOUTH FEDERAL HWY
APT # 6
LAKE WORTH FL 33460

1331 SOUTH FEDERAL HWY
APT # 6
LAKE WORTH FL 33460

2. Principal Place of Business

1331 S. Fed. Hwy
Suite, Apt. #, etc.
APT. # 6

3. Mailing Address

1331 S. Fed. Hwy.
Suite, Apt. #, etc.
APT. # 6

City & State

Lake Worth, FL.

City & State

Lake Worth, FL.

Zip

33460

Country

Palm Beach County

Zip

33460

Country

Palm Beach County

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELWIN, JOHN

1331 SOUTH FEDERAL HWY APT #6
LAKE WORTH FL 33460

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 ☐ Delete
NAME **STD**
STREET ADDRESS **ELWIN, STEVE**
CITY-ST-ZIP **1331 SOUTH FED HWY APT 6**
LAKE WORTH FL

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ELWIN, JOHN**
CITY-ST-ZIP **1331 SOUTH FED HWY APT 6**
LAKE WORTH FL

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ELWIN, BRITT**
CITY-ST-ZIP **1331 SOUTH FED HWY APT 6**
LAKE WORTH FL

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 17-02 (561) 588-5829

CR2E037 (9/01)