## 2003 FOR PROFIT CORPORATION

Mailing Address 2473 HWY 98 EAST CARABELLE FL 32322

3. Mailing Address

City & State

Suite, Apt. #, etc.

## UNIFORM BUSINESS REPORT (UBR) F01000006368 DOCUMENT # 1. Entity Name SEACRAFTERS, INC.

Principal Place of Business 2473 HWY 98 EAST

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$150.00

Suite, Apt. #, etc.

WICHELT, ROBYN M

2473 HWY 98 EAST CARRABELLE FL 32322

the obligations of registered agent.

City & State

Zip

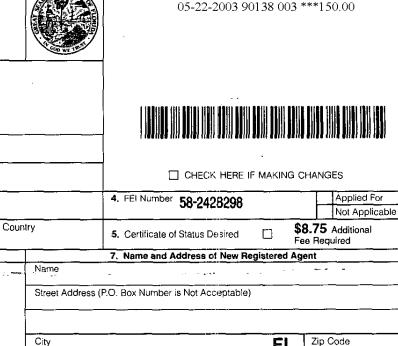
SIGNATURE

CITY~ST-ZIP

SIGNATURE:

CARABELLE FL 32322





After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State		Trust Fund Contribution. Added to Fees	
10, OFFICERS AND DIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS 2473 HWY 98 EAST CITY-ST-ZIP CARRABELLE FL "WICHELT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	e Addition
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Chang	e
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	e Addition
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TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Chang	e 🔲 Addition
TITLE Delete NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	☐ Chang	e 🗌 Addition

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)