

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90285 021 \*\*\*150.00

DOCUMENT # F01112

1. Entity Name

Seacoast Manufacturing + Veriding, Inc.

**DO NOT WRITE IN THIS SPACE**

**14017330**

2. Principal Place of Business

1005 Capital Circle NW  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 38579  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FEI Number

592051105

Applied For

Not Applicable

Zip

32304

Country

U.S.A.

Zip

32315

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

R. W. Kornegay

Street Address (P.O. Box Number is Not Acceptable)

1005 Capital Circle NW

City

Tallahassee

FL

Zip Code

32304

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President + Director  
R. W. Kornegay  
1005 Capital Circle NW  
Tall., FL 32304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. W. Kornegay  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

575-2093

Daytime Phone #

CR2E034B (12/01)