

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2003 8:00 am
Secretary of State

07-08-2003 90025 010 ***150.00

0123695 AT

DOCUMENT # F03091

1. Entity Name
SEA AQUA, INC.



Principal Place of Business
**3673 HWY 2
GRACEVILLE FL 32440**

Mailing Address
**3673 HWY 2
GRACEVILLE FL 32440**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2039034**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODHAM, WENDELL
RT 2 BOX 75
GRACEVILLE FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD WOODHAM, WENDELL**
STREET ADDRESS **RT 2 BOX 75**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE Change Addition
NAME **PD Woodham, Wendell**
STREET ADDRESS **3673 Hwy 2**
CITY-ST-ZIP **Graceville, FL 32440**

TITLE Delete
NAME **TD WOODHAM, PATSY**
STREET ADDRESS **RT 2 BOX 75**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE Change Addition
NAME **TD Woodham, Patsy**
STREET ADDRESS **3673 Hwy 2**
CITY-ST-ZIP **Graceville, FL 32440**

TITLE Delete
NAME **S TAMMY FLOURNOY**
STREET ADDRESS **RT 2 BOX 73B**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE Change Addition
NAME **S Tammy Flournoy**
STREET ADDRESS **3713 Hwy 2**
CITY-ST-ZIP **Graceville, FL 32440**

TITLE Delete
NAME **V WOODHAM, KEITH**
STREET ADDRESS **RT 2 BOX 73A**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE Change Addition
NAME **V Woodham, Keith**
STREET ADDRESS **1176 Hwy 173**
CITY-ST-ZIP **Graceville, FL 32440**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 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: **SIGNATURE REQUIRED** *Wendell Woodham* **7-7-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)