

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90064 016 ***150.00

DOCUMENT # F94000006151

1. Entity Name
SEAHORSE CARRIER SERVICES, INC.

Principal Place of Business

7575 HOLSTEIN AVE
PHILADELPHIA PA 19153
US

Mailing Address

7575 HOLSTEIN AVE
PHILADELPHIA PA 19153
US

2. Principal Place of Business

1362 N. 42nd Ave
 Suite, Apt. #, etc.

3. Mailing Address

7575 Holstein Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Memphis FL
33126 **USA**

City & State

PHILADELPHIA PA
19153-3222 **USA**

4. FEI Number

23-2301813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	CVS	<input type="checkbox"/> Delete
NAME	COLGAN, DENNIS JR.	
STREET ADDRESS	12 COVE ROAD	
CITY - ST - ZIP	MOORETOWN NJ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, BRIAN	
STREET ADDRESS	3444 HOLYOKE ROAD	
CITY - ST - ZIP	PHILADELPHIA PA 19114	
TITLE	D.	<input type="checkbox"/> Delete
NAME	COLGAN, DENNIS J III	
STREET ADDRESS	101 SUSSEX DRIVE	
CITY - ST - ZIP	CINNAMINSON NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 Block 12 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)