2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F9500004716 1. Entity Name SEATEC SYSTEMS, INC.				Se	FILED Feb 11, 2000 8:00 am Secretary of State 02-11-2000 90011 019 ***150.00			
Principal Plac	e of Business	Mailing Address		0	2-11-2000 90011 01	.9 ***150.00	1	
1516 CYPRESS DR SUITE 1 JUPITER FL 33469 US		1516 CYPRESS DR SUITE 1 JUPITER FL 33469-3195 US		11401166	. 18181 81211 58111 8 2 211 82112 831	ı (nen noor eent	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE		
City & State		City & State		4. FEI Number	51-0337493	į į ,	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New Register	ed Agent		
346	LER, PAUL L FAIRWAY NORTH UESTA FL 33469			ess (P.O. Box Number	is Not Acceptable)			
			City		F	Zip Cod	e	
Tax filing r	Signature, typed or printed name of registered agent or pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	Pegistered Agent signature received: Registered Agent signature received: PEE IS \$150.00 The will be \$550.00 The to Department of	00 10. Elec State	tion Campaign Financing Fund Contribution.	\$5.0 Added	May Be	
11.	OFFICERS AND		12.	ADDITIONS/C	HANGES TO OFFICERS			
NAME STREET ADDRESS CITY-ST-ZIP	PD Culler, Paul L 346 Fairway North Tequesta Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	VD WURSTER, WILLIAM G 104-WOODSIDE ROAD, APT C-2 HAVERFORD PA 19041-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 Beach	Rd., Ste #91 33469	Ø Change NorZh	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	and the spect of	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee emporation or an attachment with an address.	s true and accurate and that ro owered to execute this report	ny signature shall have as required by Chapter	the same legal effect.	as if made under oath: th:	at Lam an officer	or director	

4 Feb 00