

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90083 016 ***158.75

DOCUMENT # F95000006071

1. Entity Name
SEASIDE INVESTMENTS, INC. OF DELAWARE

Principal Place of Business

**3455 COASTAL HWY
ST AUGUSTINE FL 32085**

Mailing Address

**3455 COASTAL HWY
ST AUGUSTINE FL 32085
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32084

USA

32084

USA

4. FEI Number **59-3341479**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATKINS, CAROL L.
413 SALT WIND CT. W.
PONTE VEDRA BCH. FL 32082**

Name **Watkins, Carol L.**

Street Address (P.O. Box Number is Not Acceptable)
2370 Water Plant Rd

City **St. Augustine** **FL** Zip Code **32092**

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 **Carol L. Watkins Sec Treas**

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

(NOTE: Registered Agent signature required when reinstating)

1-31-02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCPV** ☐ Delete
NAME **JOYNER, ROBERT L**
STREET ADDRESS **3455 COASTAL HIGHWAY**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete
NAME **CAROL L. WATKINS**
STREET ADDRESS **413 SALT WIND CT. W.**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE **ST** ☒ Change ☐ Addition
NAME **Carol L. Watkins**
STREET ADDRESS **2370 Water Plant Rd.**
CITY-ST-ZIP **St. Augustine FL 32092**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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NAME ☐ Change ☐ Addition
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

2-20-02 904-824-9157

CR2E034 (9/01)