## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F97000002470** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** SEA SAFE GATOR GRATE, INC. 03-31-2000 90073 048 \*\*\*150.00 Mailing Address Principal Place of Business 100 CAPITAL DRIVE, SUITE 210 100 CAPITAL DRIVE. SUITE 210 **LAFAYETTE LA 70503-5273** LAFAYETTE LA 70508 2. Principal Place of Business 3. Mailing Address Blud. 500 Dover Blud. Dover DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 300 # 300 Applied For City & State 4. FEI Number City & State 72-0849427 LA Not Applicable atayette \$8.75 Additional 5. Certificate of Status Desired 70503 USA Fee Required USA 70503 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREHN, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 106 EAST COLLEGE AVENUE, SUITE 1200 TALLAHASSEE FL 32301 Zip Code FL 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 (applicable, ..., (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE Delete TITLE NAME DOOLEY SR, DAVID M NAME 500 Dover Blvd. # 300 STREET ADDRESS STREET ADDRESS 100 CAPITAL DRIVE, STE 210 CITY-ST-ZIP CITY-ST-ZIP 70503 LAFAYETTE LA 70508 ☐ Change ☐ Addition CSD ☐ Delete TITLE TITLE BAIRD, WILLIAM S NAME NAME STREET ADDRESS STREET ADDRESS 3245 FAYETTE AVENUE CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35208** Addition ☐ Delete TITLE SHORT, ROLAND T JR. NAME NAMÉ STREET ADDRESS STREET ADDRESS 3245 FAYETTE AVENUE CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35208** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. I hereby certify that the information supplied with this filling 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 suppliemental 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 trustes emponented 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 air other like energingered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

337-406-2345

Daytime Phone #