

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90073 048 ***150.00

DOCUMENT # F97000002470

1. Entity Name
SEA SAFE GATOR GRATE, INC.

Principal Place of Business 100 CAPITAL DRIVE, SUITE 210 LAFAYETTE LA 70508	Mailing Address 100 CAPITAL DRIVE, SUITE 210 LAFAYETTE LA 70503-5273
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 Dover Blvd.	3. Mailing Address 500 Dover Blvd.
Suite, Apt. #, etc. # 300	Suite, Apt. #, etc. # 300
City & State Lafayette LA	City & State Lafayette LA
Zip 70503	Country USA

4. FEI Number 72-0849427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREHN, JEFFREY L
106 EAST COLLEGE AVENUE, SUITE 1200
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLEY SR, DAVID M 100 CAPITAL DRIVE, STE 210 LAFAYETTE LA 70508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD BAIRD, WILLIAM S 3245 FAYETTE AVENUE BIRMINGHAM AL 35208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHORT, ROLAND T JR. 3245 FAYETTE AVENUE BIRMINGHAM AL 35208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 Dover Blvd. # 300 Lafayette LA 70503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: _____ DATE: **3/23/00** DAYTIME PHONE #: **337-406-2345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)