

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90121 018 ***150.00

DOCUMENT # G43184

1. Entity Name
SEA SAW, INC.

Principal Place of Business

**225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202**

Mailing Address

**225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202**

2. Principal Place of Business

**2508 ST. MICHEL CT.
 Suite, Apt. #, etc.**

3. Mailing Address

**2508 ST. MICHEL CT.
 Suite, Apt. #, etc.**

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

4. FEI Number **59-2302583**

Applied For

Not Applicable

Zip
32082

Country
U.S.A.

Zip
32082

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
 SUITE 1800
 225 WATER STREET
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
MARY ALICE HASSETT
 Street Address (P.O. Box Number is Not Acceptable)
2508 ST. MICHEL CT.
 City
PONTE VEDRA BEACH FL Zip Code
32082

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 *Mary Alice Hassett*
 Signature, typed or printed name of registered agent and title if applicable.

MARY ALICE HASSETT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/01

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, 2001 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 **DVT** ☐ Delete
 NAME **HASSETT, ROBERT D**
 STREET ADDRESS **2508 ST MICHEL CT**
 CITY-ST-ZIP **PONTE VED BCH FL**

TITLE **DPS** ☐ Delete
 NAME **HASSETT, MARY ALICE**
 STREET ADDRESS **2508 ST MICHEL CT**
 CITY-ST-ZIP **PONTE VED BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: *Mary Alice Hassett* **MARY ALICE HASSETT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01
 Date

(904) 285-4054
 Daytime Phone #

CR2E034 (10/00)