2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **G65600** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** SEACO SALES, INC. 03-29-2000 90041 008 ***150.00 Principal Place of Business Mailing Address 5249 SADDLEBROOK WAY 5249 SADDLEBROOK WAY WESLEY CHAPEL FL 33543-4329 WESLEY CHAPEL FL 33543 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2332893 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL JR, NATHAN Street Address (P.O. Box Number is Not Acceptable) 5249 SADDLEBROOK WAY **UNIT B4-3 WESLEY CHAPEL FL 33543** 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 if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition Delete TITLE TITLE HALL, BOBBI NAME STREET ADDRESS STREET ADDRESS 5249 SADDLEBROOK WAY CITY-ST-ZIP CITY-ST-7IP WESLEY CHAPEL FL ☐ Change ☐ Addition TITLE Delete NAME HALL, NATHAN J NAME STREET ADDRESS STREET ADDRESS 5249 SADDLEBROOK WAY CITY-ST-7IP CITY-ST-ZIP WESLEY CHAPEL FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition · Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 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 SIGNATURE AND TYPED OR TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED