

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90348 016 ***550.00

0007602 AV

DOCUMENT # H07535

1. Entity Name
SEA-SCAPE MARINE, INC.



Principal Place of Business
% JAMES C. PATTERSON
37 PRYOR ROAD, S.E.
FT. WALTON BEACH FL 32548

Mailing Address
% JAMES C. PATTERSON
37 PRYOR ROAD, S.E.
FT. WALTON BEACH FL 32548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2425350**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTERSON, JAMES C.
37 PRYOR ROAD, S.E.
FT. WALTON BEACH FL 32548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	PATTERSON, WILLIAM A	
STREET ADDRESS	37 PRYOR ROAD, S.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATTERSON, KAREN A.	
STREET ADDRESS	37 PRYOR ROAD, S.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES PATTERSON	
STREET ADDRESS	37 PRYOR RD., SE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen A. Patterson-Secretary 7-10-03 850-837-6833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)