2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90757 001 ***300.00

DOCUMENT # H48502

1. Entity Name

SEABOARD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
17340 LAKE PARK ROAD BOCA RATON FL 33487	17340 LAKE PARK ROAD BOCA RATON FL 33487-1119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9005 N. Davis Hwy	7409 Canale Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola Fl	City & State: Pensacola Fl
Zip: 32514 Country: USA	Zip: 32514 Country: USA

4. FEI Number 59-2209636 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGNUM, ELAINE C.
17340 LAKE PARK RD.
BOCA RATON FL 33487

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGNUM, JAMES B. 17340 LAKE PARK RD. BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7409 Canale Dr. Pensacola, Fl. 32504	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGNUM, ELAINE C. 17340 LAKE PARK RD. BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" "	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowered.

SIGNATURE: Elaine Magnum 4/17/00 (850)471-0091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #