2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90006 041 ***150.00

DOCUMENT # H77698

1. Entity Name

SEABOARD ARBORS MANAGEMENT SERVICES, INC.

C00068960

Principal Place of Business	Mailing Address
2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765

2. Principal Place of Business	3. Mailing Address
SEABOARD ARBORS MANAGEMENT SERVICES, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 USA	SEABOARD ARBORS MANAGEMENT SERVICES, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2581021 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 USA	N LENNARD A. LEIGHTON S 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 C USA 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 _____ 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOMBER, MATTHEW J. 6121 PALMA DEL MAR #128 ST. PETERSBURG, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEIGHTON, LENNARD A. 2951 SWEETGUM WAY S. CLEARWATER, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WARD, JACOB B. 3388 WAYNE AVENUE BRONX, NY	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS HOELLE, CHRIS D. 4012 BRAESGATE LANE TAMPA, FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ MATTHEW J. DOMBER 4-25-01 727-466-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #