

2001 UNIFORM BUSINESS REPORT (UBR)

05-14-2001 90251 022 ***150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>H85889</u>			
1. Entity Name SEAL-CO SERVICES 409 SW 6th Ave Boynton Bch, FL 33435			
Principal Place of Business SEAL-CO SERVICES		Mailing Address 409 SW 6th Ave Boynton Bch, FL 33435	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2598648		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name MARK GRIFFIN	
		Street Address (P.O. Box Number is Not Acceptable) 409 SW 6th Ave	
		City Boynton Bch FL Zip Code 33435	
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 <u>Mark Griffin</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Mark Griffin</u> <u>4/26/2001</u> <small>(NOTE: Registered Agent signature required when resigning.) DATE</small>	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President Mark Griffin 409 SW 6th Ave Boynton Bch, FL 33435			
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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: <u>Mark Griffin</u> <u>Mark Griffin</u>		Date <u>4/26/2001</u> Daytime Phone # <u>54-737-9534</u>	

CR2ED04 (11/00)