

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90041 003 ***150.00

DOCUMENT # H87028

1. Entity Name

SEACOMBER, INCORPORATED

Principal Place of Business

1300 S OCEAN BLVD
 APT 706
 POMPANO BEACH FL 33062-6914

Mailing Address

1300 S OCEAN BLVD APT 706
 APT 706
 POMPANO BEACH FL 33062-6914
 US

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

59-2626442

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

CITTA, LILLIAN
 1300 S OCEAN BLVD
 APT 706
 POMPANO BEACH FL

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

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, 2002 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 **P** ☐ Delete
 NAME **CITTA, LILLIAN R.**
 STREET ADDRESS **1300 S OCEAN BV 706**
 CITY-ST-ZIP **POMPANO BEACH FL 33062-6914**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lillian R. Citta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02
 Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Document # H 87028
010744

CITTA, HOLZAPFEL, ZABARSKY, LEAHEY & SIMON

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

248 WASHINGTON STREET

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e-mail: cittalaw@csionline.net

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STEVEN A. ZABARSKY

MATTHEW A. LEAHEY

LIONEL SIMON, III

GREGORY J. HOCK
TIMOTHY J. WINTRODE
MEMBER NJ & NY BARS

March 1, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

In re: Seacomber, Inc.
FEI Number 59-2626442

Gentlemen:

Enclosed herein please find Annual Report Filing Form for Seacomber, Inc. for the year 2002.

I am also enclosing herein Joseph A. Citta Special Account Check No. 5200 in the amount of \$150.00 for 2002 filing fee.

Please file the enclosed.

Thank you.

Very truly yours,


JOSEPH A. CITTA

JAC
CZ
enclosures