

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90215 004 \*\*\*150.00

01000240 AV

**DOCUMENT # H93029**

1. Entity Name  
**SEA RAVEN INC.**



Principal Place of Business  
**% ANGELA SHEEN**  
**87770 OVERSEAS HWY**  
**ISLAMORADA FL 33036**

Mailing Address  
**PO BOX 9209**  
**TAVERNIER FL 33070**



2. Principal Place of Business  
**90791 OVERSEAS Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**TAVERNIER FL**

City & State

4. FEI Number  
**59-2624408**

Applied For  
Not Applicable

Zip  
**33070** Country  
**USA**

Zip Country

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

## 6. Name and Address of Current Registered Agent

**SHEEN, ANGELA**  
**218 PLANTATION BLVD**  
**ISLAMORADA FL 33036**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PTS SHEEN, ANGELA 218 PLANTATION BLVD ISLAMORADA FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: ANGELA SHEEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Jan 03 305-852-4455  
Date Daytime Phone #

CR2E034 (10/02)