

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97527

1. Entity Name

SEBA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90154 030 ***150.00

Principal Place of Business 312 S. BRIGHTON DR. P.O. BOX 291031 PORT ORANGE FL 32129	Mailing Address 312 S. BRIGHTON DR. P.O. BOX 291031 PORT ORANGE FL 32129-1031
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2. Principal Place of Business 5211 Forest Edge Ct. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 471086 Suite, Apt. #, etc.
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City & State Lake Forest, FL	City & State Lake Monroe, FL	4. FEI Number 59-2649603	Applied For <input type="checkbox"/> Not Applicable
Zip 32771	Country	Zip 32747-1086	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TESTON, KARIN L. 312 S. BRIGHTON DR. PORT ORANGE FL 32127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5211 Forest Edge Ct. City Lake Forest FL Zip Code 32771
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TESTON, KARIN 312 S BRIGHTON DR PORT ORANGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5211 Forest Edge Ct. Lake Forest, FL 32771
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
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
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
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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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

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: Karin L. Teston Pres. 3/15/00 407-302-4962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)