

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90005 031 ***550.00

0091822 AV

DOCUMENT # J00202

1. Entity Name

SEALUND & ASSOCIATES CORPORATION

Principal Place of Business

**3001 EXECUTIVE DR
 S200
 CLEARWATER FL 33762
 US**

Mailing Address

**3001 EXECUTIVE DR
 S200
 CLEARWATER FL 33762
 US**

2. Principal Place of Business

**2727 ULMERTON ROAD
 SUITE 270**

3. Mailing Address

**2727 ULMERTON ROAD
 SUITE 270**

Suite, Apt. #, etc.

CLEARWATER, FL

Suite, Apt. #, etc.

CLEARWATER, FL

City & State

33762 US

City & State

33762 US

4. FEI Number

59-2645438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SEALUND, BARBARA
 2588 HERON LANE N.
 CLEARWATER FL 33762**

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.

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **DPC** ☐ Delete
 NAME **SEALUND, BARBARA**
 STREET ADDRESS **2588 HERON LANE N.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **V** ☐ Delete
 NAME **SEALUND, PHILIP**
 STREET ADDRESS **2588 HERON LANE N.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA SEALUND

Date

7/30/01

Daytime Phone #

727-572-1500

CR2E034 (5/01)