

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90103 011 ***150.00

DOCUMENT # J71230

1. Entity Name
ANASTASIA SEA ART CORPORATION

Principal Place of Business

**73 SEASCAPE CIRCLE
 ST. AUGUSTINE FL 32084
 US**

Mailing Address

**1093 A1A BEACH BLVD
 PMB 379
 ST. AUGUSTINE FL 32084
 US**

764833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-1118914**

Applied For
 Not Applicable

Zip **32080** Country

Zip **32080** Country

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

**SORENSEN, SANDRA F.
 73 SEASCAPE CIR.
 ST. AUGUSTINE FL 32084-7523**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32080

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, 2001 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	PDT	<input type="checkbox"/> Delete
NAME	SORENSEN, SANDRA F.	
STREET ADDRESS	1093 A1A BEACH BLVD., PMB 379	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SORENSEN, ROBERT C.	
STREET ADDRESS	1093 A1A BEACH BLVD., PMB 379	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SORENSEN, KARL B	
STREET ADDRESS	202 BRAINARD DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32089	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	St. Augustine, FL 32080	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	St. Augustine, FL 32080	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	St. Augustine, FL 32086	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sandra Sorensen, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 904-471-8529
Date Daytime Phone #

CR2E034 (10/00)