

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90165 030 ***550.00

DOCUMENT # 577802
1. Entity Name
 Seamco Laboratories, Inc.

Principal Place of Business 119 S. Oregon Ave
 Tampa, FL 33606
Mailing Address 119 S. Oregon Ave.
 Tampa, FL 33606

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 59-1793894
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

Karen S. McKinnon
 623 Bosphorus Ave.
 Tampa, FL 33606

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, 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 VD NAME Karen S. McKinnon STREET ADDRESS 623 Bosphorus Ave. CITY-ST-ZIP Tampa, FL 33606	☐ Delete
TITLE PD NAME Gordon McKinnon STREET ADDRESS 190 Blanca CITY-ST-ZIP Tampa, FL 33606	☐ Delete
TITLE STD NAME Kenneth McKinnon STREET ADDRESS 18135 Crawley Rd. CITY-ST-ZIP Odessa, FL 33556	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Karen S. McKinnon **6-27-01** **813-251-1881**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (11/00)