FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 21, 2001 8:00 am **DOCUMENT # K13746 Secretary of State** 1. Entity Name SEAAG, INC. 03-21-2001 90047 010 \*\*\*158.75 Principal Place of Business Mailing Address 705 - 27TH AVE., SW 705 - 27TH AVE., SW STE. 5 **STE. 5** VERO BEACH FL 32968 VERO BEACH FL 32968 LIS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0061313 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEISSMAN, JOSEPH C. Street Address (P.O. Box Number is Not Acceptable) 705-27TH AVE., SW STE 5 VERO BEACH FL 32968 Zip Code City FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **VPDT** TITLE ☐ Delete BENEMANN, JOHN R STREET ADDRESS 3434 TICE CREEK DR. #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WALNUT CREEK CA 94595** TITLE ☐ Delete TITLE ☐ Addition WEISSMAN, JOSEPH C. NAME NAME STREET ADDRESS STREET ADDRESS 4410 NAIA 109 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete TITLE ☐ Addition DUSENBERY, DAVID NAME STREET ADDRESS STREET ADDRESS 384 THE FALLS CT. CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30307 TITLE ☐ Delete TITLE ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 region 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.

IGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR