

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0127098 AV

DOCUMENT # K13746

1. Entity Name
SEAAG, INC.

04-01-2002 90649 013 ***158.75

Principal Place of Business
705 - 27TH AVE., SW
STE. 5
VERO BEACH FL 32968
US

Mailing Address
705 - 27TH AVE., SW
STE. 5
VERO BEACH FL 32968
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0061313

Applied For

Not Applicable

Zip

Country

Zip

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

WEISSMAN, JOSEPH C.
705- 27TH AVE., SW
STE 5
VERO BEACH FL 32968

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, 2002 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 | VPDS | <input type="checkbox"/> Delete |
| NAME | BENEMANN, JOHN R | |
| STREET ADDRESS | 3434 TICE CREEK DR. #1 | |
| CITY-ST-ZIP | WALNUT CREEK CA 94595 | |
| TITLE | PDT | <input type="checkbox"/> Delete |
| NAME | WEISSMAN, JOSEPH C. | |
| STREET ADDRESS | 4410 NAJA 109 | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DUSENBERY, DAVID | |
| STREET ADDRESS | 384 THE FALLS CT. | |
| CITY-ST-ZIP | ATLANTA GA 30307 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RIDDLE, MARY L | |
| STREET ADDRESS | 1761 CYPRESS LN | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5501 Hwy A1A Villa 9 | |
| STREET ADDRESS | | |
| 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 | | |
| 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:

Joseph C. Weissman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

562234-9544

Date

Daytime Phone #

CR2E034 (9/01)