## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2001 8:00 am Secretary of State **DOCUMENT # K32837** 1. Entity Name SEAGULL HARDWARE, INC. 03-05-2001 90140 001 \*\*\*150.00 03-05-2001 90140 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 885 DONALD ROSS RD. 885 DONALD ROSS RD. JUNO BCH, FL 33408 JUNO BCH.- FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number 65-0068036 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIEGEL, JACOB Street Address (P.O. Box Number is Not Acceptable) 885 DONALD ROSS ROAD JUNO BEACH, FL 33408 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE Siegel. Steven e. NAME NAME 750 Ocean Royale Way \*203N STREET ADDRESS STREET ADDRESS 2359 TRESURE ISLE DR. CITY-ST-ZIP CITY-ST-ZIP Juno Beach, Fl PALM BEACH GARDENS FL Change TITLE ☐ Delete TITLE SIEGEL, JACOB NAME NAME 750 Ocean Royale Way\*203N 3028 WINDWARD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL STD Delete ☐ Addition TITLE TITLE SIEGEL, LETITIA NAME NAME 750 Ocean Royale Way #203N STREET ADDRESS 3028 WINDWARD WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

Change

☐ Addition