

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90326 011 ***150.00

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DOCUMENT # K80179

1. Entity Name
SEA MAGIC MARINE, INC.



Principal Place of Business
% BYRON VAL WILLIAMS
14138 LEEWARD WAY
PALM BACH GARDENS FL 33410

Mailing Address
% BYRON VAL WILLIAMS
14138 LEEWARD WAY
PALM BACH GARDENS FL 33410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0123391**

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

WILLIAMS, BYRON VAL
14138 LEEWARD WAY
PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P WILLIAMS, BYRON VAL** ☐ Delete
STREET ADDRESS **14138 LEEWARD WAY**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V WILLIAMS, DAVID V.** ☐ Delete
STREET ADDRESS **9455 166TH WAY N.**
CITY-ST-ZIP **JUPITER FL 32476**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Byron Val Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/14/03 (561) 622-3370
Daytime Phone #

CR2E034 (4/03)



Attachment #

10109795
K80179

July 11, 2003

Florida Department of State
Division of Corporations

Dear Sir/Madam,

This is the first time I received the 2003 Uniform Business Report, which obviously is a late notice. I usually receive the notice after the first of the year and promptly fill it out and send it in with a check. I have filled this notice out and am remitting a check for \$150 with the hopes that you will accept it as payment in full for the year. I can only assume that the Postal Service lost the original, and I really never thought about it until I received this one. I wish to make this appeal to forego the \$400 penalty for being late because I never received the original.

Thank you for your time and attention.

Respectfully,

A handwritten signature in cursive script that reads "Byron Val Williams".

Byron Val Williams