

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 24 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000155

1. Entity Name  
SEABEAN VENTURE, LLC

d/b/a PAK MAIL

Principal Place of Business Mailing Address

101 GEORGE KING BLVD, SUITE 2  
CAPE CANAVERAL FL 32920

P.O. BOX 926  
CAPE CANAVERAL  
FL 32920

2. Principal Place of Business  
101 GEORGE KING BLVD  
Suite, Apt. #, etc.  
SUITE 2  
City & State  
CAPE CANAVERAL, FL  
Zip  
32920 Country  
USA

3. Mailing Address  
P.O. BOX 926  
Suite, Apt. #, etc.  
City & State  
CAPE CANAVERAL, FL  
Zip  
32920 Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3620700

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
COLLEEN B. NODUREFT  
1640 MARS STREET  
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent  
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 Colleen B. Nodureft COLLEEN B. NODUREFT 4/27/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERYL HAWKINS (MGRM) 2413 NE 134 ST FT. LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLLEEN B. NODUREFT (MGR) 1640 MARS ST MERRITT ISL, FL 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003284224-3 -06/12/00--01013--022 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Colleen B. Nodureft 4/27/00 (321) 799 1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)