

# 2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003571

1. Entity Name

SEA COAST & COMPANY, L.L.C.

Principal Place of Business

1640 STEVEN DR.  
GULF BREEZE FL 32561-3

Mailing Address

1640 STEVEN DR.  
GULF BREEZE FL 32561-3

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3710299

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, KIM M

21 EAST GARDEN ST., STE 200 1640 Steven Dr.  
PENSACOLA FL 32501 A.B. 32563

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME Kim M. Smith  
STREET ADDRESS 1640 STEVEN DR.  
CITY-ST-ZIP GULF BREEZE, FL 32561

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

TITLE **MANAGER** ☐ Delete  
NAME T.L. Smith  
STREET ADDRESS 1640 STEVEN DR.  
CITY-ST-ZIP GULF BREEZE FL 32561

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90225 005 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)