

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90142 047 ****50.00

DOCUMENT # L01000013480

1. Entity Name

SEASCAPE FLOATING RENTALS, LLC

Principal Place of Business

**200 FLORIDA AVENUE
 TAVERNIER FL 33070
 US**

Mailing Address

**P. O. BOX 1804
 TAVERNIER FL 33070
 US**

2. Principal Place of Business

MANUFAKTURE MAKING

3. Mailing Address

SEASCAPE FLOATING RENTALS

Suite, Apt. #, etc.

200 FLORIDA AVE.

Suite, Apt. #, etc.

P.O. BOX 1804

City & State

TAVERNIER, FL.

City & State

TAVERNIER, FL.

Zip

33070

Country

MONROE

Zip

33070

Country

MONROE

4. FEI Number

65-1131007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KURUTZ, STEPHEN F
 200 FLORIDA AVENUE
 TAVERNIER FL 33070**

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

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

TITLE **MANAGING MEMBER** ☐ Delete
 NAME **STEPHEN KURUTZ**
 STREET ADDRESS **200 FLORIDA AVE.**
 CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED

05/25/02 305-522-4075

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

Date

Daytime Phone #

CR2E083 (9/01)