

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 04, 2003 8:00 am  
Secretary of State

09-04-2003 90037 006 \*\*\*\*50.00

0016251

DOCUMENT # L02000010022

1. Entity Name

SEA VENTURES OF FLORIDA, LLC



Principal Place of Business

Mailing Address

7905 COLLEY ROAD  
ODESSA FL 33556  
US

7905 COLLEY ROAD  
ODESSA FL 33556  
US

00104010

2. Principal Place of Business

3. Mailing Address

141 Drennon Rd

141 Drennon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

City & State

Orlando FL

Orlando FL

4. FEI Number

Applied For

02-041503

Not Applicable

Zip

Country

Zip

Country

32806 USA

32806 USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNINGS, THOMAS C III  
703 COURT STREET  
CLEARWATER FL 33756

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM NAME SANDERS, DALE M STREET ADDRESS 7905 COLLEY ROAD CITY-ST-ZIP ODESSA FL 33556	<input type="checkbox"/>		<input type="checkbox"/>
MGRM NAME Bassine, Harlin E., Jr STREET ADDRESS 723 E. South St CITY-ST-ZIP Orlando FL 32801	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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*  
7/25/03 813 371-0110

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

Date

Daytime Phone #

CR2E083 (4/03)