FILED

03 MAY 22 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700019744467
05/22/03--01073--001 **350.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031355

1. Entity Name
SEAWELL DEVELOPMENT GROUP, LLC

Principal Place of Business
450 STATE ROAD 13 N.
JACKSONVILLE, FL 32259

Mailing Address
450 STATE ROAD 13 N.
JACKSONVILLE, FL 32259

2. Principal Place of Business
623 OAK STREET

Suite, Apt. #, etc.

City & State
GREEN COVE SPRINGS, FL

Zip 32043 | Country | Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number | Applied For | ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

INTREPID REGISTERED AGENT SERVICES, LLC
4741 ATLANTIC BOULEVARD, SUITE D
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name STEVEN SEARS

Street Address (P.O. Box Number is Not Acceptable)

623 OAK STREET

City GREEN COVE SPRINGS FL Zip Code 32043

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 [illegible] 4/30/03
Typed, stamped or printed name of registered agent and title if applicable. (MORE: Registered Agent signature required when resigning) DATE

[redacted]

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition MANAGER STEVEN T. SEARS 1125 KINGSLAND CT. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition MANAGER JAMES G. BOSWELL 2218 YEARLING CT. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [illegible] 4/30/03 904-529-2014
SIGNATURE OF TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFRECD3 (10/02)