## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## L21522 DOCUMENT #

1. Entity Name SASEA, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90246 019 \*\*\*150.00

Principal Place of Business 877 HWY 20 INTERLACHEN FL 32148 US			Mailing Address P O BOX 1984 INTERLACHEN FL 32148 US			CHECK HERE IF MAKING CHANGES			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State			4. FEI Number 59-29	-2980461 Applied Fo		
Zip	Country	Zi	р	Countr	,	5. Certificate of Status I	Desired	8.75 Add	
	6. Name and Address of Current Registered Agent					7. Name and Address	of New Registered Ag	ent	
the obligations of registered agent.  SIGNATURE				Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  ered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable					
	Signature, typed or printed name of	of registered agent and title if a	pplicable. (NOTE:	Registered A	gent signature require	d when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Cam Trust Fund Co			<b>0</b> May Be to Fees
0. • OFFICERS AND DIRECTORS 11.				11.		ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS	3 IN 11
IAME	D SANDERSON, SHIRLE RT 3 BOX 376 INTERLACHEN FL	ΞΥ	□ Delete	TITLE NAME STREET CITY-S	ADDRESS I-ZIP			Change	Addition
ITLE			☐ Delete	TITLE				Change	Addition

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

12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

<u>386 684-2482</u>