

2000 UNIFORM BUSINESS REPORT (UBR)

0012064 AF

DOCUMENT # L990000000343

1. Entity Name
SEA B'S UNLIMITED, LLC

FILED

00 JAN 12 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

824 LAUREL AVE
VENICE FL 34292

Mailing Address

824 LAUREL AVE
VENICE FL 34286-5407



2. Principal Place of Business

3835 Oklahoma St

3. Mailing Address

3835 Oklahoma St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Port FL

City & State

North Port FL

4. FEI Number

65-0890656

Applied For

Not Applicable

Zip

34286

Country

USA

Zip

34286

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD., SUITE 195
ORMOND BEACH FL 32176

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME BOWER, DOUGLAS L
STREET ADDRESS 824 LAUREL AVE
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE MGR
NAME TRUST, VERGIL
STREET ADDRESS 824 LAUREL AVE
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 3835 Oklahoma St
CITY-ST-ZIP North Port FL 34286 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3835 Oklahoma St
CITY-ST-ZIP North Port FL 34286 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4000003104124--3
CITY-ST-ZIP -01/20/00--01036--004 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/7/2000 (941) 429-9588

Date

Daytime Phone #

CR2E083 (9/99)