

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M73701**

1. Entity Name  
**SEA TOWERS CONSTRUCTION COMPANY, INC.**



03 SEP 19 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**55056760**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**1555 E BAY DR  
SUITE H  
LARGO FL 33771  
US**

Mailing Address  
**1555 E BAY DR  
SUITE H  
LARGO FL 33771  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2904596**  
Applied For  
☐ Not Applicable

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTA D. KAPLAN**

**1555 E BAY DR  
SUITE H  
LARGO FL 33771**

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 *Roberta D. Kaplan* *Vice-Pres.* **9/9/2003**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVS** ☐ Delete  
NAME **ROBERTA D. KAPLAN**  
STREET ADDRESS **2305 WILLIAMS DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33784**

TITLE ☐ Change ☐ Addition  
NAME **900022938109**  
STREET ADDRESS **09/10/03--01078--004**  
CITY-ST-ZIP **\*\*550.00**

TITLE **DPT** ☐ Delete  
NAME **COBB, THEODORE**  
STREET ADDRESS **11556 TRADEWINDS BLVD.**  
CITY-ST-ZIP **LARGO FL 33771**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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12. 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 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.

SIGNATURE: **SIGNATURE REQUIRED**

**9-15-03 727-581-9696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Theodore Cobb, President**

Date Daytime Phone #

CR2E034 (4/03)