2005

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M93369

1. Entity Name

SEAMS GREAT, INC



## FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90142 034 \*\*\*150.00

Shailb GREAT, INC								
	DO NOT WRITE	C. Transit Market St. F. Shings & Franch London, Account	PACE			200573	17	
*C/O B	Place of Business RADLEY WOOD	3. Mailing Address C/O BRADLEY WOOD						
Sulte, Apt. #, etc. 1306 GULFVIEW WOOD LANE		Suite, Apt. #, etc,			DO NOT WRITE IN THIS SPACE			
City & Stat	le	City & State			4. FE	Number		Applied For
TARPO		TARPON SPRI	T			59-2883497		Not Applicable
Zip 34689	Country US	<sup>Zlp</sup> 34689	Country US			rtificate of Status Desired	Fee	3.75 Additional Required
圖。學		er a same	Name			e and Address of Current Regis	tered A	gent
	DO:NOT WI	энт <b>≓</b> //////.	100			RADLEY		· · · · · · · · · · · · · · · · · · ·
			Street A	ddress (P.0 1306	O. Box	Number is Not Acceptable) LFVIEW WOOD LAN	Е	
	IN THIS SP	ACE ACE		•				
			City	таррс	AN (	SPRINGS	FI	Zip Code
A The above	named entity submits this statement for	the purpose of changing its	Control of Control				am tami	34689
the obligat	lons of registered agent.	and peripose or criainging its	registered office of	registerat	u ayen	i, or boin, in the state of Florida. I	an iani	nai wiiii, and accept
SIGNATURE .	Signature, typed or privited name of registered agent so	d little if equilibrity (AVA)	E: Registered Agent signate		<del></del>		AIE	
Company is May 41 Feeter (18090) Company - Ancid May 42 Feeter (18090) Ancid Gill Britis (1812) Maker Check Bay 1 bleste Florida bear ment of 4 step						Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees
10.	OFFICERS AND D		Nest 0. 9 32	1 17 4 7 5	23.6	a de la	16. 16	1. 4. A. M. S. B. G. G. T. H.
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STREET ADDRESS CITY-ST-ZIP		<del>-</del>	STREET ADDRESS: 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 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 on an analysis of the corporation of the corporation of 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 on an analysis of the corporation of the receiver or trustee empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 727 9348282