

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-04-2005 90142 034 ***150.00

DOCUMENT # M93369

1. Entity Name

SEAMS GREAT, INC



DO NOT WRITE IN THIS SPACE

20057317

2. Principal Place of Business

C/O BRADLEY WOOD

3. Mailing Address

C/O BRADLEY WOOD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1306 GULFVIEW WOOD LANE

1306 GULFVIEW WOOD LANE

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

4. FEI Number

59-2883497

Applied For

Not Applicable

Zip

34689

Country

US

Zip

34689

Country

US

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

WOOD, BRADLEY

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

1306 GULFVIEW WOOD LANE

City

TARPON SPRINGS

FL

Zip Code

34689

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$81.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOOD, BRADLEY 1306 GULFVIEW WOOD LANE TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bradley Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 727 9348200

Date

Daytime Phone #