05/01/2002 11:36 5617781658 R M CIMINO

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91598 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95477

1. Entity Name: SEASIDE CONTRACTING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: COCOA BEACH (SAME)
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Mailing Address: 1180 S. ATLANTIC AV.
Suite, Apt. #, etc.:
City & State: COCOA BEACH, FL.
Zip: 32931 Country: BREVARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 2909931 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CARL F. UVARO
Street Address (P.O. Box Number is Not Acceptable): 1180 S. ATLANTIC AV.
City: COCOA BEACH FL Zip Code: 32931

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when signing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

January 1, 2002 - Dec. 31, 2002 $150.00
After May 1, 2002 $300.00
Amended UBR in 2002 $0.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. CARL F. UVARO 1180 S. ATLANTIC AV. COCOA BEACH, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY KATHY R. UVARO SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CARL F. UVARO SAME
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CR2E004B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ May 1, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #