

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004120

1. Entity Name

SEALING PARTNERS, INCORPORATED

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90104 012 ****61.25

Principal Place of Business

Mailing Address

8509 N. 29TH ST.
TAMPA FL 33604

8509 N. 29TH ST.
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3660730

Applied For

Not Applicable

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

AMMONS, ROSE MARY
1440 RIVERSIDE DR.
TARPON SPRINGS FL 34689

Name

Jolly, Sarah Jean

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

4901 W San Jose St.

City

Tampa,

FL

Zip Code

33629

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

S. Jean Jolly

(NOTE: Registered Agent signature required when reinstating)

2-15-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FINNEGAN, JOANNE
19405 MELODY FAIR PL.
LUTZ FL 33549

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AMMONS, ROSE MARY
1440 RIVERSIDE DR.
TARPON SPRINGS FL 34689

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BERGMAN, CHRISTINE M
609 2ND ST. #3
INDIAN ROCKS BEACH FL 33785

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VAN BROEKHOVEN, LISA R
1524 LIVINGSTON RD.
LUTZ FL 33549

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jolly, Sarah Jean
4901 W San Jose Dr.
Tampa, FL 33629
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCLAIN, MARGARET
8509 N. 29TH ST.
TAMPA FL 33604

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FINGAR, SCOTTIE J
614 S. OREGON AVE.
TAMPA FL 33606

☐ Delete

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah Jean Jolly 2-15-02 637-9348

CR2E037 (9/01)