## · 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 13, 2003 8:00 am Secretary of State **DOCUMENT # N21860** 01-13-2003 90746 001 \*\*\*\*\*8.75 S.E.A. RESCUE FOUNDATION, INC. 01-13-2003 90746 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 115:N FRANKLIN-BLVD 55000815 8635 W SAHARA AVE TALLAHASSEE FL 32301 **SUITE 486** LAS VEGAS NV 89117 2. Principal Place of Business 3. Mailing Address SUHF 200 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES TENNESTEE City & State City & State 4. FEI Number 43-1259211 Applied For TACCA HASSEE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U57 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWEITZER, THEODORE Street Ardress (P.O. Box Number is Not Acceptable) 115 N-FRANKLIN-BLVD 57 -TALLAHASSEE FL 32801 TALLA HASSEG 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. 7 JAN 2003 SIGNATURE Ċ 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE **Change** Addition SCHWEITZER, THEODORE G. NAME NAME W. SAHARA AVE, ADT 486 STREET ADDRESS 762 SAILFISH DRIVE STREET ADDRESS CITY-ST-ZIF FORT WALTON BEACH FL 32548 CITY-ST-ZIP LAS VEGAS, NV 89117 TITLE ☐ Delete TITLE ☐ Change Addition SCHWEITZER, DOROTHY NAME 216 ANGLER AVE, #15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition LE. HANG T B700 CAPTAINS PLACE LAS VEGAS, NV. 89117 STREET ADDRESS P.O. BOX 9146 N/A STREET ADDRESS CITY-ST-ZIP **HURLBURT FL 32544** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 empoweded.

CITY-ST-ZIP

SIGNATURE:

7 JAN2003

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FILED