

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90023 010 ****61.25

DOCUMENT # N98000006559

1. Entity Name

SEA-MESTER, INC.

Principal Place of Business

**1623 KENILWORTH ST
SARASOTA FL 34231**

Mailing Address

**P O BOX 4009
SARASOTA FL 34230**

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

59-1316207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STOLL, JAMES M
1623 KENILWORTH STREET
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STOLL, JAMES M	
STREET ADDRESS	1623 KENILWORTH ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOBLE, BECKY S	
STREET ADDRESS	1623 KENILWORTH ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOLL, CAREEN	
STREET ADDRESS	1623 KENILWORTH ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOLL, JASON	
STREET ADDRESS	1623 KENILWORTH ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEIGHAN, MICHAEL	
STREET ADDRESS	1623 KENILWORTH STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 empowered.

SIGNATURE:

James M. Stoll
SEA-MESTER, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)