

**FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 100000001244

1. Entity Name

Seabrook Construction, Inc.

02 SEP 26 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

700008069877--5  
-09/27/02--01021--011  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business

153 NW 16th STREET

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1881

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FFL Number

05-0970614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

NA \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD TROUF

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

10767 SLEEPY BROOK way

City

BOCA RATON

FL

Zip

33428

**DO NOT WRITE  
IN THIS SPACE**

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 of principal or person authorized to sign if applicable

Signature of Registered Agent (required when transferring)

DATE

Richard Trouf, RICHARD TROUF

9/24/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
P/D  
RICHARD TROUF  
10767 SLEEPY BROOK way  
BOCA RATON, FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S/T  
ELIZABETH HEARON  
1841 BANYAN CREEK CIR. N.  
BOCA RATON, FL 33424

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

Signature and Typed or Printed Name of Signing Officer or Director

9/24/02 (Ed) 368879

CR2E034B (12/01)

9/26/02