## 2002

## FOR PROFIT CORPORATION

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<b>UNIFORM BUS</b>	<b>INESS REPORT</b>	FILED					
DOCUMENT # P 0000			03 JAN 28	AH 8: 58			
RICHARD SEA	MAN, P.A.		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DO NOT WR	TE IN THIS SP	ACE					
2. Principal Place of Business  5520 WILES RD  Suite, Apt. #, etc.	3. Mailing Address  SB20 WICES  Suite, Apr. #, etc.	: RD	DO NOT WRITE IN THIS	SPACE			
City & State CORAL SPRINGS, FL CORAL SPRIN		(NS F)	4. FEI Number 65- 97452.5	Applied For Not Applicable			
33067 Country U.S		U.S.A.	S. Cerlificate of Status Desired     Name and Address of Current Registerer	\$8.75 Additional Fee Required			
Name RICHARD SERMAN  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  City CORAL SPRINGS  FL Zip Code 33057  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.							
SIGNATURE  Signature, is ad a painted name of register  January 15 May 1 Fee is \$550.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Departm	00	Registered Aptent agreetiew require	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
	S AND DIRECTORS						
MAME RICHARD SEAM SIGHEL ADDRESS 2632 CARAME CITY-ST-ZIP COCONUT CR	AN OLA CIRCLE EEK, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/28/0301074-018	534 **300.00			
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URE NAME STREEL ADDRESS CITY ST ZIP		TITLE NAVE STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther 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 40 or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS.

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

23 03

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POOCOCOO7357  1. Enlity Name  RICHARD SEAMAN, P.A.							
-	DO NOT WRITE		ACE				
	lace of Business 20 WILES RD #, etc.	3. Mailling Address 5520 WILES RD Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	RALSPRINGS, FL	City & Stale CORAL SPRINGS, FL		4. FEI Number 65-0974525	Applied For Not Applicable		
330	67 BU.S.A.	33067	U.S.A.	5. Certificate of Status Desired	\$8.75-Additional Fee Required		
7. Name and Address of Current Registered Agent  Name RICHARD SEAMAN Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  City Congress SPRINGS  FL Zip Code 332677							
the obligat	riamed entity submits this statement for ions of registered agent.  Squature, suad or entited name of repotered agent a nuary 1 - May 1 Fee is \$150,00.  After May 1, Fee is \$550,00 Amended UBR is \$61,25.  Payable to Florida Department of	nd little of emplemble. (NOTE:		ered agent, or both, in the State of Florida. I am	\$5.00 May Be		
THILL HAME STREET ADDRESS CITY ST-ZIP THE NAME STREET ADDRESS CITY ST-ZIF	OFFICERS AND E P/D RICHARD SEAMAN 2632 CARAMBOLA COCONUT CREEN	CINCLE	TITLE  NAME  STREET ADDRESS  CITY ST ZIP  TITLE  NAME  STREET ADDRESS  CITY ST ZIP	100011140 01/28/03-01074-018	4 <b>91</b> 3 **300.00		
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NAME STREET ADDRESS CITY ST-ZIP INTLE HAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS				
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. Hurther 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 receivar or truspe empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.  SIGNATURE:    CHARD SCAMAN   23   03   03   03   03   03   03   03							

January 23, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re:

Richard Seaman, P.A.

Document # P0000007387

FEI # 65-0974525

## To Whom It May Concern:

· No the second

This letter is sent to explain and reinstate the corporation of Richard Seaman, P.A. The company is currently considered dissolved as of 2002.

The company was dissolved due to not receiving the Uniform Business Report for the 2002 filing. It was mailed to an incorrect address.

We would like to reinstate the company as it is still in business. Attached is the application for 2002 and 2003 of the Uniform Business report for reinstatement and filing for the two years. A check in the amount \$300.00 is enclosed for the two years.

Thank you in advance for accepting our application for reinstatement. If you have any questions, we could be reached at (954) 341-7070 or at the current business address of 5820 Wiles Road, Coral Springs, FL 33067.

Sincerely.

Richard Seaman

President/ And the Annual Annu

Broker/Owner