

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90047 049 ***150.00

DOCUMENT # P00000042648
1. Entity Name
SEASHORE ADVERTISING CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 EAST AIRPORT ROAD
Suite, Apt. #, etc.

3. Mailing Address
1600 EAST AIRPORT ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

4. FEI Number
59-2577128

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip
33023 Country
USA

Zip
33023 Country
USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
BUTLER, JAMES L.

Street Address (P.O. Box Number is Not Acceptable)
1600 EAST AIRPORT ROAD

City
PEMBROKE PINES FL Zip Code
33023

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] JAMES L. BUTLER, PRES DATE 4/29/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSO</u> <u>JAMES L. BUTLER</u> <u>1600 EAST AIRPORT ROAD</u> <u>PEMBROKE PINES, FL 33023</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JAMES L. BUTLER, PRES DATE 4/29/03 DAYTIME PHONE # 954-989-2391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)