

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

0206039 AV

DOCUMENT # P00000042868

1. Entity Name
SEAMAR SERVICES, INC.

03-19-2002 90008 021 ***150.00

Principal Place of Business
444 BRICKELL AVE. STE 51-366
MIAMI FL 33131-2492

Mailing Address
444 BRICKELL AVE. STE 51-366
MIAMI FL 33131-2492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1016436		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SAMUDIO, ROBERTO A				Name JAYSON M. ROBERTS			
444 BRICKELL AVE. STE 51-366				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131-2492				444 BRICKELL AVENUE / STE 51-366			
				City MIAMI FL 33131-2492			

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 *Jayson M. Roberts* **JAYSON M. ROBERTS/PRESIDENT- SEAMAR SERVICES INC. 03/05/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERNST, JOHN			NAME	ROBERTS, JAYSON M.		
STREET ADDRESS	444 BRICKELL AVE. STE 51-366			STREET ADDRESS	444 BRICKELL AVE. / STE 51-366		
CITY-ST-ZIP	MIAMI FL 33131-2492			CITY-ST-ZIP	MIAMI, FL. 33131-2492		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWERS, ERIC			NAME	ERNST, JOHN		
STREET ADDRESS	444 BRICKELL AVE. STE 51-366			STREET ADDRESS	444 BRICKELL AVE. / STE 51-366		
CITY-ST-ZIP	MIAMI FL 33131-2492			CITY-ST-ZIP	MIAMI, FL. 33131-2492		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNELLY, CAITLIN			NAME	WHEELER, CHUCK		
STREET ADDRESS	444 BRICKELL AVE. STE 51-366			STREET ADDRESS	444 BRICKELL AVE. / STE 51-366		
CITY-ST-ZIP	MIAMI FL 33131-2492			CITY-ST-ZIP	MIAMI, FL. 33131-2492		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIDAL, PABLO			NAME			
STREET ADDRESS	444 BRICKELL AVE. STE 51-366			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131-2492			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 of 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Jayson M. Roberts* **JAYSON M. ROBERTS/PRESIDENT 03/05/2002 (305) 970-2436**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)