## FOR PROFIT CORPORATION

SIGNATURE:

**UNIFORM BUSINESS REPORT (UBR)** P000000 43113 DOCUMENT # FILED 1. Entity Name SEA SEEKERS SAILING INC. 02 JUN 15 PM 2: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 000006664950 -07/25/02--01058--014 2. Principal Place of Business \*\*\*\*308.75 \*\*\*\*308.75 3. Mailing Address PO BOX 7273 ISLE OF VENICE 140 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Aot #2 City & State City & State 4. FEI Number Applied For Ft. LAUDERDALE FL AUDERDALE 65-1002436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent Name DO NOT WRITE aron Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE ISLE OF VENICE APT ? Zip Code 3330 LAUDERDALE 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 applical January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS TITLE resident. TITLE NAME NAME STREET ADDRESS 140 ISLE OF VENICE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33301 LAUDERPALE FI TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 527-0910

CR2E034B (12/01)

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## SEA SEEKERS SAILING INC.

Capt. Haron Kiss

PO box 7273 Fort Lauderdale Florida 33338 Phone (954) 527-0910

July 10, 2002

To whom it may concern,

I Aaron Kiss, president of Sea Seekers Sailing Inc., have never received any information from the state of Florida concerning my incorporation fees or current standing with the state. We have recently been informed that we are currently not active with the state of Florida and are submitting this letter, a uniform business report and reinstatement form along with a corporate check for \$308.75 for the two years of incorporation plus the copy of certificate of status.

Sincerely.

Aaron Kiss

President Sea Seekers Sailing Inc.