

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050305

1. Entity Name

SEA 4 YOURSELF, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 91009 028 \*\*\*150.00

Principal Place of Business

31461 AVENUE D  
BIG PINE KEY FL 33043

Mailing Address

31461 AVENUE D  
BIG PINE KEY FL 33043

2. Principal Place of Business

3. Mailing Address

1119 W. State Park St.

P.O. Box 1176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

34428

Country

U.S.A.

Zip

34423

Country

U.S.A.

4. FEI Number

05-1016287

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUETTIMAN, LAURA  
31461 AVENUE D  
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name Ruettiman, LAURA

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

1119 W. State Park St.

City

Crystal River

FL

Zip Code

34428

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

*L Ruettiman* (President) March 21.

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE D  
NAME RUETTIMAN, LAURA  
STREET ADDRESS 31461 AVENUE D  
CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

*L Ruettiman* LAURA Ruettiman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

(352)

794-0035

Daytime Phone #

CR2E034 (10/00)