

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90070 015 ***158.75

DOCUMENT # P00000057767
 1. Entity Name
P M SEA, INC.

Principal Place of Business
7549 US HWY A1A SOUTH
ST. AUGUSTINE FL 32086

Mailing Address
7549 US HWY A1A SOUTH
ST. AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
231 TREASURE BEACH ROAD
 Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL

Zip Country
32080 USA

4. FEI Number **59-3654475** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PACETTI, R.J.
2760 US 1 SOUTH
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent
 Name **COCHRAN MICHAEL E**
 Street Address (P.O. Box Number is Not Acceptable)
231 TREASURE BEACH ROAD
 City **ST AUGUSTINE FL** Zip Code **32080**

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 *Michael E Cochran* DATE **4-9-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COCHRAN, MARY LEE 7549 A1A SOUTH ST AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD COCHRAN, PHILLIP JR 2790 CR 13A SOUTH ELKTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COCHRAN, MICHAEL E 231 TREASURE BEACH ROAD SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COCHRAN, MICHAEL E 231 TREASURE BEACH ROAD ST AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COCHRAN, SHAWNA J 231 TREASURE BEACH ROAD ST AUGUSTINE FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COCHRAN MICHAEL H 4360 CR 305 ELKTON FL 32033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael E Cochran* DATE: **4-9-02** Daytime Phone #: **904 471 3772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)