

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060907

1. Entity Name
SEA GATOR ENTERPRISES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90384 026 ***150.00

Principal Place of Business
**3020 N. FEDERAL HWY. SUITE 11B
FT. LAUDERDALE FL 33306**

Mailing Address
**3020 N. FEDERAL HWY. SUITE 11B
FT. LAUDERDALE FL 33306**

00042775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3950 N. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
P O Box 11328
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip
33308
Country

City & State
Ft Lauderdale FL
Zip
33339
Country

4. FEI Number
60-1019514
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KELLY, ELIZABETH M
3020 N. FEDERAL HWY. SUITE 11B
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
Name **John C. Marshall**
Street Address (P.O. Box Number is Not Acceptable)
3950 N. FEDERAL HWY.
City **Ft. Lauderdale** FL Zip Code **33308**

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 **Director** **2/6/2001**
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 NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MARSHALL, JOHN C 3020 N. FEDERAL HWY. SUITE 11B FT. LAUDERDALE FL 33306 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 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 | D/P/T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: **John C. Marshall** **2/6/2001** **954-563-2636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)