

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067496

1. Entity Name
SEA VISION MAINTENANCE, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90098 043 ***150.00

Principal Place of Business

5357 DARBY CT.
CAPE CORAL FL 33904

Mailing Address

5357 DARBY CT.
CAPE CORAL FL 33904

2. Principal Place of Business

15060 Tamarind Cay Ct.

3. Mailing Address

15060 Tamarind Cay Ct.

Suite, Apt. #, etc.

808

Suite, Apt. #, etc.

808

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

651025239

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSEK, ALEXANDER
5357 DARBY CT.
CAPE CORAL FL 33904

Name FRIEDRICH KOLBINGER

Street Address (P.O. Box Number is Not Acceptable)
15060 TAMARIND CAY CT.

808

City Ft. Myers

FL

Zip Code 33908

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 FRIEDRICH KOLBINGER

04/18/01

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

12. OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KOSEK, ALEXANDER
STREET ADDRESS 5357 DARBY CT.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE D
NAME FRIEDRICH KOLBINGER
STREET ADDRESS 15060 TAMARIND CAY CT # 808
CITY-ST-ZIP Ft. Myers, FL 33908 ☒ Change ☐ Addition

TITLE D
NAME KOLBINGER, FRIEDRICH
STREET ADDRESS 5357 DARBY CT.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/01

Date

941-489-2454

941-248-0624

CR2E034 (10/00)