

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087786

1. Entity Name

ATLANTIC SALVAGE, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90103 020 \*\*\*150.00

Principal Place of Business

4814 WESTWIND CT  
AMELIA ISLAND FL 32034

Mailing Address

4814 WESTWIND CT  
AMELIA ISLAND FL 32034

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FFI Number

54-1405465

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEAMANS, TRUMAN L  
4814 WESTWIND CT  
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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 the filer (applicable)

(NOTE: Registered Agent's signature required when reappointing)

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          | P                      | <input type="checkbox"/> Delete |
| NAME           | SEAMANS, TRUMAN L      |                                 |
| STREET ADDRESS | 4814 WESTWIND CT       |                                 |
| CITY-STATE-ZIP | AMELIA ISLAND FL 32034 |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | SEAMANS, ANDRONIKE K   |                                 |
| STREET ADDRESS | 4814 WESTWIND CT       |                                 |
| CITY-STATE-ZIP | AMELIA ISLAND FL 32034 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |                                   |
|----------------|--|---------------------------------|-----------------------------------|
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-STATE-ZIP |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-STATE-ZIP |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-STATE-ZIP |  |                                 |                                   |
| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-STATE-ZIP |  |                                 |                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

*Truman L. Seamans* TRUMAN L. SEAMANS 17 APRIL 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

(904) 556-8783

CR2E034 (10/00)