

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093692

1. Entity Name
SEA LEVEL REALTY, INC.

Principal Place of Business: **3735 S. HIGHWAY A1A MELBOURNE BEACH FL 32951**
Mailing Address: **3735 S. HIGHWAY A1A MELBOURNE BEACH FL 32951**

2. Principal Place of Business: **401 4th AVE**
3. Mailing Address: **401 4th AVE**
Suite, Apt. #, etc.

City & State: **INDIALANTIC FL**
Zip: **32903** Country: **BREWARD**

4. FEI Number: **59-3676029**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BAKOLIA, STACEY O
3735 S. HIGHWAY A1A
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent
Name: **TIMOTHY SANZONE SR.**
Street Address (P.O. Box Number is Not Acceptable): **401-4th AVE**
INDIALANTIC, FL
City: **FL** Zip Code: **32903**

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: *Timothy Sanzone* DATE: **6-6-01**

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: PSD	<input checked="" type="checkbox"/> Delete
NAME: BAKOLIA, STACEY O	
STREET ADDRESS: 3735 S. HIGHWAY A1A	
CITY-ST-ZIP: MELBOURNE BEACH FL 32951	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TIMOTHY SANZONE SR.	
STREET ADDRESS: 762 MALIBU LN	
CITY-ST-ZIP: INDIALANTIC FL 32903	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Timothy Sanzone* DATE: **6-6-01**

FILED
01 SEP 12 AM 11: 29
SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)