2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90241 002 ***158.75

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1. Entity Name
SEALAND SUPPLIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD # 323 NORTH MIAMI, FL 33181	2124 NE 123 ST #203 NORTH MIAMI, FL 33181

11017049

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12550 Biscayne Blvd.	20537 NE 9 Place
Suite, Apt. #, etc.: #401	Suite, Apt. #, etc.:
City & State: N. Miami, FL	City & State: MIAMI, FL
Zip: 33181 Country: Dade	Zip: 33179 Country: Dade

4. FEI Number: 65-1048961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLLER, DOROTHY P
12550 BISCAYNE BLVD #401
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLLER, DOROTHY P 12550 BISCAYNE BLVD #401 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy P. Soller - DOROTHY P. SOLLER 4/23/03 (305) 899-2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #