

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102441

1. Entity Name

SEAWELL CORPORATION

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90287 039 ***150.00

Principal Place of Business

1125 KINGSLAND CT
FRUIT COVE FL 32259

Mailing Address

~~1125 KINGSLAND CT~~
~~FRUIT COVE FL 32259~~

2. Principal Place of Business

3. Mailing Address

450 S.W. 13th STE 106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32259



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3680537

Applied For

Not Applicable

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

SEARS, STEVEN T
1125 KINGSLAND COURT
FRUIT COVE FL 32259

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.

SIGNATURE

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SEARS, STEVEN T
STREET ADDRESS 1125 KINGSLAND CT
CITY-ST-ZIP FRUIT COVE FL 32259 ☐ Delete

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

TITLE D
NAME SEARS, LINDA L
STREET ADDRESS 1125 KINGSLAND CT
CITY-ST-ZIP FRUIT COVE FL 32259 ☐ Delete

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

TITLE D
NAME BOSWELL, JAMES G
STREET ADDRESS 2218 YEARLING CT
CITY-ST-ZIP ORANGE PK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME DAVID M. GREEK
STREET ADDRESS 8629 RANCH WOOD LN.
CITY-ST-ZIP ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME BARBARA G. RICE
STREET ADDRESS 2218 YEARLING CT
CITY-ST-ZIP ORANGE PK, FL 32073 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
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:

Steven T. Sears STEVEN T. SEARS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 904-230-0896

Date

Daytime Phone #

CR2E034 (10/00)

0024425