

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102441

1. Entity Name  
SEAWELL CORPORATION



Principal Place of Business  
1125 KINGSLAND CT  
FRUIT COVE FL 32259

Mailing Address  
450 SR 13 N STE 106  
PMB 212  
JACKSONVILLE FL 32259

FILED  
03 MAY 12 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
623 OAK STREET  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
GREEN COVE SPRINGS, FL  
Zip  
32043

City & State

4. FEI Number 59-3680537

Applied For  
Not Applicable

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SEARS, STEVEN T  
1125 KINGSLAND COURT  
FRUIT COVE FL 32259

## 7. Name and Address of New Registered Agent

Name  
STEVEN T. SEARS  
Street Address (P.O. Box Number is Not Acceptable)  
623 OAK STREET  
City  
GREEN COVE SPRINGS FL Zip Code  
32043

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 *Steven T. Sears*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 5/1/03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SEARS, STEVEN T	
STREET ADDRESS	1125 KINGSLAND CT	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEARS, LINDA L	
STREET ADDRESS	1125 KINGSLAND CT	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSWELL, JAMES G	
STREET ADDRESS	2218 YEARLING CT	
CITY-ST-ZIP	ORANG PK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEK, DAVID M	
STREET ADDRESS	8629 RANCH WOOD LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICE, BARBARA G	
STREET ADDRESS	2218 YEARLING COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN MONG	
STREET ADDRESS	12646 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY DRIVER	
STREET ADDRESS	4741 ATLANTIC BLVD, STE. D	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA STOKES	
STREET ADDRESS	2038 HAWKCREST DR. EAST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
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		

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)