

2001 UNIFORM BUSINESS REPORT (UBR)

2/1:

FILED

May 03, 2001 8:00 am
Secretary of State

02-15-2001 90034 015 ***158.75

DOCUMENT # P00000115057

1. Entity Name

SEASCAPE CONTRACTORS, INC.

Principal Place of Business

Mailing Address

2496 BIMINI LANE
FORT LAUDERDALE FL 33312

2496 BIMINI LANE
FORT LAUDERDALE FL 33312

2. Principal Place of Business

2496 BIMINI LANE

Suite, Apt. #, etc.

3. Mailing Address

2496 BIMINI LANE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

4. FEI Number

65-1069795

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSKOS, MATTHEW
2496 BIMINI LANE
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

NOAH CONTI

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

2496 BIMINI LANE

FORT LAUDERDALE

City

FL

Zip Code

33312

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

Noah Conti NOAH CONTI, SEC. TREAS.

2-11-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

X

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.

X

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME MOSKOS, MATTHEW
STREET ADDRESS 2496 BIMINI LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

☐ Delete

TITLE DST
NAME CONTI, NOAH
STREET ADDRESS 2496 BIMINI LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Noah Conti NOAH CONTI

2-11-01

954-327-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)