

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90133 019 ***150.00

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DOCUMENT # P01000045253

1. Entity Name
SEA COAST REALTY, INC.

Principal Place of Business
**4177 SAXON DR
NEW SMYRNA BEACH FL 32169**

Mailing Address
**4177 SAXON DR
NEW SMYRNA BEACH FL 32169**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4155 S. ATLANTIC AVE
Suite, Apt. #, etc.

3. Mailing Address
413 BOUCHELLE DR
Suite, Apt. #, etc.

City & State
NEW SMYRNA BEACH FL
Zip
32169
Country
USA

City & State
NEW SMYRNA BEACH
Zip
FL
Country
USA

4. FEI Number
65-1095703
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DURKIN, TERRANCE
4177 SAXON DR
NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent
Name
DURKIN, TERRENCE
Street Address (P.O. Box Number is Not Acceptable)
413 BOUCHELLE DR
City
NEW SMYRNA BEACH FL Zip Code
32169

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 *Terrence R. Durkin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER DURKIN, TERRENCE 413 BOUCHELLE DR NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT, SECY. DURKIN JUDITH 413 BOUCHELLE DR NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Terrence R. Durkin* **TERRENCE R. DURKIN** **4/7/02** **386 428-9094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)