

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91673 001 \*\*\*300.00

**DOCUMENT # P01000049618**

**1. Entity Name**  
**SEAHORSE SUBMARINES INTERNATIONAL, INC.**

**Principal Place of Business**  
**3272 SOUTHEAST ASTER LANE G-151**  
**STUART, FL 34994**

**Mailing Address**  
**3272 SOUTHEAST ASTER LANE G-151**  
**STUART, FL 34994**

**2. Principal Place of Business**  
**2834 SE MONROE ST**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**2834 SE MONROE ST**  
 Suite, Apt. #, etc.

**City & State**  
**STUART FL**

**City & State**  
**STUART FL**

**4. FEI Number** **65-1106184**

**Applied For**  
☐ **Not Applicable**

**Zip** **34997** **Country** **USA**

**Zip** **34997** **Country** **USA**

**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**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**Name** **HERVE JAUBERT**

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

**4333 SE COVE LAKE CIRCLE # 201**

**City** **STUART**

**FL**

**Zip Code** **34997**

**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)

**04/30/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Delete**  
**NAME** **JAUBERT, HERVE J**  
**STREET ADDRESS** **3272 SOUTHEAST ASTER LANE G-151**  
**CITY-ST-ZIP** **STUART FL 34994**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **JAUBERT, HERVE J**  
**STREET ADDRESS** **4333 SE COVE LAKE CIRCLE**  
**CITY-ST-ZIP** **STUART FL 34997**

**TITLE** **D** ☐ **Delete**  
**NAME** **RODRIGUEZ, HELEN**  
**STREET ADDRESS** **3272 SOUTHEAST ASTER LANE G-151**  
**CITY-ST-ZIP** **STUART FL 34994**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **RODRIGUEZ, HELEN**  
**STREET ADDRESS** **4333 SE COVE LAKE CIRCLE**  
**CITY-ST-ZIP** **STUART FL 34997**

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**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:** \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**HERVE JAUBERT**

**04/30/02**

**Date**

**561 280 1235**

**Daytime Phone #**

CR2E034 (9/01)