

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90043 047 ***150.00

DOCUMENT # P01000058545

1. Entity Name
SEA DELL MOTEL, INC.

Principal Place of Business
**5000 OVERSEAS HIGHWAY
 MARATHON FL 33050**

Mailing Address
**5000 OVERSEAS HIGHWAY
 MARATHON FL 33050**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5000 OVERSEAS HWY
 Suite, Apt. #, etc.

3. Mailing Address
5000 OVERSEAS HWY
 Suite, Apt. #, etc.

City & State
MARATHON FL
 Zip
33050
 Country
MONROE

City & State
MARATHON FL
 Zip
33050
 Country
MONROE

4. FEI Number
65-1112053
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, JOHN J
 2975 OVERSEAS HIGHWAY
 MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name **Jeff Fassett**
 Street Address (P.O. Box Number is Not Acceptable)
5000 OVERSEAS HWY
 City **MARATHON** **FL** Zip Code **33050**

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

2-12-02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Jeff Fassett 5000 OVERSEAS HWY MARATHON FL 33050	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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:

Jeff Fassett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02-305-743-5161
 Date Daytime Phone #

CR2E034 (9/01)