

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90155 041 \*\*\*150.00

**DOCUMENT # P01000061582**

1. Entity Name  
**K-SEAS, INC.**

Principal Place of Business  
**380 N.W. 43RD AVE.**  
**COCONUT CREEK FL 33066**

Mailing Address  
**380 N.W. 43RD AVE.**  
**COCONUT CREEK FL 33066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1109223**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**CARTER, KENTON P**  
**380 N.W. 43RD AVE.**  
**COCONUT CREEK FL 33066**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **CARTER, KENTON P**  
 CITY-ST-ZIP **380 N.W. 43RD AVE.**  
**COCONUT CREEK FL 33066**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**  
**KENTON P CARTER**

**7-15-02**

**954 491 4160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

*#P01000061582*

July 15, 2002

Florida Department of State  
Division of Corporations

Re: Uniform Business Report

Dear Sir/Madam:

Please be advised that to date, I have not received a copy of the Uniform Business Report for my business, K-Seas Fiberglass, Inc. I have enclosed a check in the amount of One Hundred Fifty Dollars to cover the cost of said form. At your earliest convenience, kindly forward same to me.

Should any additional information be needed, please contact me at anytime.

Very truly yours,

Kenton P. Carter  
President

*Kenton Carter*