

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066448

1. Entity Name
PSEAREEF, INC.

Principal Place of Business
16393 EAST PLEASURE DRIVE
LOXAHATCHEE FL 33470

Mailing Address
16393 EAST PLEASURE DRIVE
LOXAHATCHEE FL 33470

2. Principal Place of Business
Above

3. Mailing Address
PO Box 1353

City & State
Loxahatchee FL

4. FEL Number
65-1118570

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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI FL 33145

Name
~~BRIAN C BROWN~~
Street Address (P.O. Box Number is Not Acceptable)
16393 EAST PLEASURE DRIVE
City
LOXAHATCHEE FL Zip Code
33470

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
X Brian C Brown

(NOTE: Registered Agent signature required when re-registering)

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
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BROWN, BRIAN C
16393 EAST PLEASURE DRIVE
LOXAHATCHEE FL 33470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BROWN, VICKI M
16393 EAST PLEASURE DRIVE
LOXAHATCHEE FL 33470

☐ Delete

TITLE
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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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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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

Date

Daytime Phone #

4-15-02 561352 3609

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-09-2002 90078 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)