

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90555 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068642	
1. Entity Name	
SEE ENTERPRISES INC	

DO NOT WRITE IN THIS SPACE

14015350

2. Principal Place of Business 409 S OLD DIXIE HWY		3. Mailing Address PO BOX 934	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LADY LAKE, FL		City & State LADY LAKE, FL	
Zip 32159	Country	Zip 32158-0934	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3745836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name SHIRLEY DAY		
	Street Address (P.O. Box Number is Not Acceptable) 409 S OLD DIXIE HWY		
	City LADY LAKE	FL	Zip Code 32159

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, SHIRLEY 409 S OLD DIXIE HWY LADY LAKE, FL. 32159			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Day, President SHIRLEY DAY
President

04-28-05

CPA 352 7538900