

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91325 018 \*\*\*150.00

DOCUMENT # P01000081952

1. Entity Name  
Sea of Dreams, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1205 Maldonado Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1205 Maldonado Drive  
Suite, Apt. #, etc.

668082

DO NOT WRITE IN THIS SPACE

City & State Pensacola Beach, FL		City & State Pensacola Beach, FL		4. FEI Number 59-3739214	Applied For Not Applicable
Zip 32561	Country U.S.A.	Zip 32561	Country U.S.A.	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 Richard M. Everett, III  
Street Address (P.O. Box Number is Not Acceptable)  
1205 Maldonado Drive  
City Pensacola Beach FL Zip Code 32561

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 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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 P, T, S  
NAME Richard M. Everett, III  
STREET ADDRESS 1205 Maldonado Drive  
CITY - ST - ZIP Pensacola Beach, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #