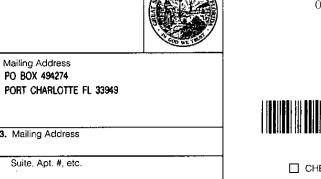
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000104341 DOCUMENT

1. Entity Name

S.E.A.G., INC.



FILED										
Feb 05, 2003 8:00 a	m									
Secretary of State										

02-05-2003 90163 012 ***150.00

18501 MURDO	e of Business CK CIRCLE 6TH FLOOR OTTE FL 33948	Mailing Address PO BOX 494274 PORT CHARLOTTE FL 33949 3. Mailing Address								
2. Principal P	Place of Business				1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4 . F	4. FEI Number 65-1149298			Applied For]
Zip .	Country	Zip	iry	5. (Certificate of Status Desired		B.75 Ace Requir	dditional	1	
	6. Name and Address of Curren	 t Registered Agent	J		7. N	lame and Address of New Regis				<u>†</u>
		<u></u>		-Name						1
RUSSELL, W. KEVIN 18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE FL 33948		· ;		Street Address (P.O. Box Number is Not Acceptable)						- - - 1
				City			FL	Zip Co	de	1
8. The above	named entity submits this statement f	or the purpose of changing its	s registere	ed office or regist	ered age	ent, or both, in the State of Florida	. I am far	niliar with	n, and accept	1
the obligat	ions of registered altent.					01.	18	. (23	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE: Registered	1 Agent signature requir	red when re	instating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c					Election Campaign Financ Trust Fund Contribution.	ing		00 May Be ad to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTO	RS IN 11	_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASLAND, CLEMENT PO BOX 494274 PORT CHARLOTTE FL 33949-42	□ Delete		1			[☐ Change	Addition	034 (10/05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOTAL CONTROL TE GOOTO TE	☐ Delete	TITLE NAME STREE				[Change	Addition	CRo
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	— Delete Delete	NAME	ET ADDRESS ST-ZIP	. చె	مناهر وی شوند و مس اور _{ین}	(] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			[☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with on this report or supplemental report	Delete	CITY-	ET ADDRESS ST-ZIP	Section:	.; . 119.07(3)(i). Florida Statutes I fur	•,,	Change	Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VIUNE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 / 18 · 03

Date Daytime Phone #