

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-18-2002 90401 036 ***150.00

DOCUMENT # P010001055371. Entity Name
SEIN CO.

Principal Place of Business

**36362 US HWY 19 NORTH
PALM HARBOR FL 34684**

Mailing Address

**36362 US HWY 19 NORTH
PALM HARBOR FL 34684**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3754756

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOON, EUNICE S**36362 US HWY 19 NORTH
PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

-Name **Koon, Eunice S.**

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

36406 US Hwy 19 N**Palm Harbor****FL**

Zip Code

34684

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

Eunice S. Koon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/029. 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	D.	<input type="checkbox"/> Delete
NAME	KOON, EUNICE S.	
STREET ADDRESS	190 N. MAYO ST.	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koon, Eunice S.	
STREET ADDRESS	36406 US Hwy 19 N	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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

Eunice S. Koon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/6/02 727-786-2250