

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90717 031 ***150.00

DOCUMENT # P01000105537

1. Entity Name
SEIN CO.



Principal Place of Business
36406 US HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36406 US HWY 19 NORTH
PALM HARBOR FL 34684



2. Principal Place of Business

36426 US Hwy 19 N.

3. Mailing Address

PO Box 1237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

FLA.

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
36406 US HWY 19 N
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)

36426 US Hwy 19 N.

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eunice Sein Koon

EUNICE SEIN KOON

4/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KOON, EUNICE S	
STREET ADDRESS	36406 US HWY 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, EUNICE S.	
STREET ADDRESS	36426 US Hwy 19 N	
CITY-ST-ZIP	Palm Harbor FLA. 34684	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOON, STEPHEN L.	
STREET ADDRESS	303 53 U.S. 19 N Suite I	
CITY-ST-ZIP	CLEARWATER, FL. 33761	
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		

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

SIGNATURE:

Eunice Sein Koon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

Daytime Phone #

727-804-5402

CR2E034 (10/02)