

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90226 044 \*\*\*150.00

**DOCUMENT # P01000106824**

**1. Entity Name**  
**SEAWALK HOTEL, INC.**

**Principal Place of Business**  
 117 1ST AVE. NORTH  
 JACKSONVILLE BCH FL 32250  
**US**

**Mailing Address**  
 117 1ST AVE. NORTH  
 JACKSONVILLE BCH FL 32250  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAPSIS, GUST JR.**  
 117 1ST AVE. NORTH  
 JACKSONVILLE BCH FL 32250

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**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 name 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)

**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**

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

TITLE	<input type="checkbox"/> Delete
NAME	<del>GUST HAPSIS JR</del>
STREET ADDRESS	<del>3068 AMMISTON ROAD</del>
CITY-ST-ZIP	<del>Jacksonville, Florida 32246-3647</del>
TITLE	<input type="checkbox"/> Delete
NAME	<del>REBECC</del>
STREET ADDRESS	<del>117 1ST AV. NORTH</del>
CITY-ST-ZIP	<del>Jacksonville Beach, FL 32250</del>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gust Hapsis Jr
STREET ADDRESS	3068 Ammiston Road
CITY-ST-ZIP	Jacksonville Florida 32246-3647
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP. REBECC
STREET ADDRESS	117 1ST AV. NORTH
CITY-ST-ZIP	Jacksonville Beach, FL 32250
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	

**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:** Gust Hapsis Jr **SIGNATURE REQUIRED** Gust Hapsis Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **04/04/02** **(904) 249-9981**  
Date Daytime Phone #

CR2E034 (9/01)