2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P02000029520 1. Entity Name SEA SOURCE MARKETING, INC.							Secretary of State 02-25-2003 90132 042 ***150.00		
435 S. RID	lace of Busine GEWOOD AVE BEACH FL 321	. #210	43	alling Address 15 S. RIDGEWOOD AV					t io ((0)) 00 () (0 0)
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 732 Chippens Lit Suite, Apt. #, etc.					
City & St	ate	,	C	ity & State	7 . 1	Cil	CHECK HERE IF MAKING		S Applied For
Zip	<u> </u>	Country	Ž	<u>)rmend 13</u> 32174	County	Ex	5. Certificate of Status Desired		Not Applicable
	6. Name	and Address	of Current Registe	- ' {)4	7. Name and Address of New Registered	Fee Requir	ed
BLICKLE	V IFANNE					Name	- Indiana in the second in the	- gont	
BUCKLEY, JEANNE 232 CHIPP®WA CIRCLE					İ	Street Address (F	(P.O. Box Number is Not Acceptable)		
	D BEACH FL				-		, , , , , , , , , , , , , , , , , , ,		
			h .		}	City		1 =	 -
8. The abov	e naméd entit	v submits this st	atement for the nu	rnoce of changing its		•	FL ad agent, or both, in the State of Florida. I am to	Zip Co	
Afte	Signature typed FILE NOW!! or May 1, 200	FEE IS \$15	50.00 S550.00 rtment of State	pplicable. (NOT	FE: Registered /	Agent signature required v	when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution.		00 May Be
10.	<u> </u>	OFFIC	ERS AND DIRECT	ORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	00 (1) 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tearre Store	Buckley		☐ Delete	TITLE NAME	ADDRESS T- ZIP	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET	ADDRESS r-Zip		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*** .	□ Delete -	TITLE NAME STREET /	ADDRESS - ZIP		☐ Change	☐ Addition
	1			☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>		NAME STREET A CITY-ST	i		Change	
NAME STREET ADDRESS				☐ Delete	STREET #	- ZIP ADDRESS	·	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