

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P02000040515

1. Entity Name

SEA AIR, INC.



03 OCT 21 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1 PRIMULA DR.

3. Mailing Address

SAME

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA, FL

City & State

Zip 34446

Country

USA

Zip

Country

4. FEI Number

03-0424315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SCOTT SEATON

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

1 PRIMULA DR.

800023384350

10/21/03--01131--008 \*\*550.00

City

HOMOSASSA

FL

Zip Code

34446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-16-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	SCOTT SEATON
NAME	PTSD
STREET ADDRESS	1 PRIMULA DR.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03 1352-400-1183

Date

Daytime Phone #

Dear Sirs,

I am sending enclosed corporate papers and a check for \$550 in late fees. This being my 1<sup>st</sup> year filing, I was unaware of sending \$105 along with corporate statement back in April of this year. I was just recently made aware of this mistake. Due to change in address I did not receive any notice from you about this error. Please accept our apology in this matter and would appreciate any help you may have to offer.

Thank You.

Sincerely,

New Address for your files.  
1 Primula dr.  
Homosassa, Fl. 34446  
352-382-7749