

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90109 049 ***150.00

DOCUMENT # P02000041105	
1. Entity Name SEASIDE AMELIA, INC.	

DO NOT WRITE IN THIS SPACE

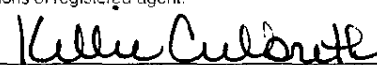
90069502

2. Principal Place of Business 1998 SOUTH FLETCHER AVENUE		3. Mailing Address 1998 SOUTH FLETCHER AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FERNANDINA BEACH, FL		City & State FERNANDINA BEACH, FL	
Zip 32034	Country NASSAU	Zip 32034	Country NASSAU

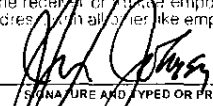
DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0474583		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name KELLIE CULBRETH	
	Street Address (P.O. Box Number is Not Acceptable) 1998 SOUTH FLETCHER AVENUE	
	City FERNANDINA BEACH	FL Zip Code 32034

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 	Kellie Culbreth	03/31/03
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D J. Alexander Johnson 132 West Parker St., Baxley, GA 31513	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D George H. Stewart 500 Mallory St., St. Simons Island, GA 31522	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 recipient 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 within all officer-like empowered.			
SIGNATURE: 	J. ALEXANDER JOHNSON	3/31/03	912-366-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)