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

04-03-2003 90109 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000041105

1. Entity Name

SEASIDE AMELIA, INC.

90069502

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1998 SOUTH FLETCHER AVENUE	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 — Kellie Culbreth — 03/31/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P/D	TITLE	
NAME	J. Alexander Johnson	NAME	
STREET ADDRESS	132 West Parker St., Baxley, GA 31513	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S/T/D	TITLE	
NAME	George H. Stewart	NAME	
STREET ADDRESS	500 Mallory St., St. Simons Island, GA 31522	STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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: J. ALEXANDER JOHNSON 3/31/03 912-366-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #