## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT#

P02000070930

1. Entity Name

SEAESCAPE, INC



## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90737 019 \*\*\*150.00

SERESCAPE, INC.								
Principal Place of Business 6605 MID PLACE TAMPA FL 33617		Mailing Address 6605 MID PLACE TAMPA FL 33617	6605 MID PLACE		. •			
								1 1000 <b>11</b> 00 1 <b>11</b> 0
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		(	<b>Fi</b> nin <b>ar</b> ni <b>ar</b> ni <b>ar</b> ni i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK	HERE IF MAKING	CHANGES	3.
City & State		City & State	City & State		4. FEI Number Applied For Not Applied For			
Zip	Country	Zip	Country	÷ · · ;	5. Certificate of Status Des	sired 🗀s	<b>\$8.75</b> Ad	lot Applicable
<del> </del>	6. Name and Address of Curr	rent Registered Agent	<u> </u>		7. Name and Address of		Fee Require	ed
			Name		Humo and Addiess of	new negloleleu A	-tgent	<del>-, ,</del>
BOLTEN, 6605 MID			Street	Address (P.	O. Box Number is Not Acce	ptable)		
TAMPA FL	. 33617							
			- City			FL	Zip Cod	de et
8. The above the obligati	named entity submits this statement ons of registered agent.	nt for the purpose of changing its	registered office of	or registered	d agent, or both, in the State		amiliar with,	and accept
	one or regionaled agent,				•			
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent signs	ature required w	hen reinstating)	DATE		<del></del>
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen		<b>-</b> J	1. 111	9. Election Campai Trust Fund Conti			00 May Be d to Fees
10.		ND DIRECTORS	11,		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	IS IN 11
TITLE		☐ Delete	TITLE	PREST	DENT/SOLE DEA	PECTORY	☐ Change	Addition
NAME STREET ADDRESS			NAME CTREET ADDRESS		N P. BOLTEN			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		MID PLACE			
TITLE		☐ Delete	TITLE		H, FC 3301	<u> </u>	☐ Change	Addition
NAME Street Address			NAMÉ					_
CITY-ST-ZIP	د و سیار پیکستان میشود. این		STREET_ADDRESS   CITY-ST-ZIP		kan en servan seleta en le le <del>beleg.</del>	بنيت بد <del>بيونسسي</del> ده		
TITLE		☐ Delete	TITLE			<u></u>	☐ Change	Addition
NAME	etzeri <sup>k</sup>		NAME					
STREET ADDRESS   CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	╁			☐ Change	Addition
NAME		,	NAME				Onlingo	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE	17	Delete	CITY-ST-ZIP	<del> </del> -		<del></del> -		
NAME		□ Delete	NAME				☐ Change	☐ Addition }
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	,		CITY-ST-ZIP	1				
2. I hereby ce	ertify that the information supplied w	vith this filing does not qualify for	the exemption stat	ted in Section	on 119.07(3)(i), Florida Statu	ites. I further certif	fy that the in	formation

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.08.03

Daytime Phone #