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

Feb 21, 2003 8:00 am Secretary of State

FILED

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UNIFUNM	BUSINESS REPURI	
DOCUMENT #	P02000077416	

1. Enlity Name

SEBASTIAN MARINE HOLDINGS, INC.



90032258

Principal Place of Business 90032258 Mailing Address 2425-BROADWAY 2420 DROADWAY RIVIERA BEACH PC 33404 RIMERICAL ESTATE 2. Principal Place of Business 10655 110 PLACE Olling Address Place Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Seba Strate FEI Number City & State Applied For LA 710 >ebastl Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOSSO, WILLIAM J JR Street Address (P.O. Box Number is Not Acceptable) 2428 BROADWAY ` RIVIERA BEACH FL 33404 City Zip Code 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 life if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (10/02) ☐ Change ■ Addition <del>Bosso, William J J</del>R NAME NAME 2428 BROADWAY STREET ADDRESS STREET ADORESS RIVIERA BEACH FL-33404-CITY-ST-ZIP CITY-ST-ZIP DIRECTOR/PRESIDENT DIRECTOR / PRESIDENT JOHN PASSETT 3077 SHARER RA Delete TITLE **Change** ☐ Addition JOHN PASSELL NAME NAME 3077 341ARBA Rd. STREET ADDRESS STREET ADDRESS Tahahasee, 71A 33303 TALLAHASSEE, FLA 32303 CITY-ST-7P CITY-ST-ZIP SANDRA PASSETT V. PISEZ Delete Vice PRESIDENT/ SECRETA TITLE TITLE ale she line De. SANDRA PASSETT NAME NAME STREET ADDRESS STREET ADDRESS 216 Sheline DR. Ft-A. CITY-ST-ZIP CITY-ST-ZIP HAVANA, FLA 32333 TITLE Dalete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

HONATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

1/15/03 (850)514-1364