

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90274 028 \*\*\*150.00

**DOCUMENT # P02000086629**

**1. Entity Name**  
**SEA BISCUITS BAKERY, INC.**



**Principal Place of Business**  
**4255 A1A SOUTH #7**  
**ST. AUGUSTINE FL 32080**

**Mailing Address**  
**4255 A1A SOUTH #7**  
**ST. AUGUSTINE FL 32080**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**11-3646947**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TINER, LYNNE B**  
**4255 A1A SOUTH #7**  
**ST. AUGUSTINE FL 32080**

**7. Name and Address of New Registered Agent**

**Name**  
**Debbie Oliver**

**Street Address (P.O. Box Number is Not Acceptable)**  
**4057 Seminole Pt. Ct.**

**St. Augustine FL**

**City**

**FL**

**Zip Code**

**32086**

**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** *Debbie Oliver*

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

(NOTE: Registered Agent signature required when reinstating)

**1-28-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**  
**D**  
**TINER, LYNNE B**  
**4255 A1A SOUTH #7**  
**ST. AUGUSTINE FL 32080**

☒ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**□ Delete**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**President**  
**Richard Oliver II**  
**4057 Seminole Pt. Ct.**  
**St. Augustine FL 32086**

☐ Change

☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**Debbie Oliver CEO**  
**4057 Seminole Pt. Ct.**  
**St. Augustine FL 32086**

☐ Change

☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CEO**  
**Debbie Oliver**  
**4057 Seminole Pt. Ct.**  
**St. Augustine FL 32086**

☐ Change

☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**Vice President**  
**Daniel J. Vincent**  
**2900 Pharr Court South NW Suite 2212**  
**Atlanta, GA 30305**

☐ Change

☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**Vice President**  
**Patricia Magdalena Siewert**  
**2612 Kings Circle**  
**Lawrenceville, GA 30044**

☐ Change

☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**□ Change**  
**□ Addition**

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

**SIGNATURE: *Debbie Oliver* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-03**

Date

**904-461-9302**

Daytime Phone #

CR2E034 (10/02)