

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90148 041 \*\*\*150.00

**DOCUMENT # P02000088174**

1. Entity Name  
**SEBASTIAN INLET GROUP, INC.**



Principal Place of Business  
**9025 US HWY #1  
SEBASTIAN FL 32958**

Mailing Address  
**9025 US HWY #1  
SEBASTIAN FL 32958**



2. Principal Place of Business  
**8625 N. U.S. 1**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**SEBASTIAN FL**

City & State

Zip  
**32976**

Country  
**IN**

Zip

Country

4. FEE Number

**36-4504228**

Applied For  
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GITELES, RICHARD G  
9025 US HWY #1  
SEBASTIAN FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>GITELES, RICHARD G</b> |                                 |
| STREET ADDRESS | <b>9025 US HWY #1</b>     |                                 |
| CITY-ST-ZIP    | <b>SEBASTIAN FL 32958</b> |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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

**1/3/03** **772**  
**684-8700**

CR2E034 (10/02)