**FILED** 

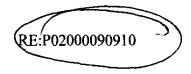
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

	003 FOR PR IFORM BUS				)	Jul 14, 2003 8:00 am
DOCUMENT # P02000090910 UNASEA INC.						Secretary of State 07-14-2003 90326 014 ***150.00
Principal Place of Business 125 EBSTIDE DR NORTH PALM BEACH FL 33408			Mailing Address 125 EBBTIDE DR NORTH PALM BEACH FL 33408			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGEŞ
City & State			City & State			4. FEI Number Applied For 7 6-0711446 Not Applicable
Zip	Country	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required
=== <u></u>	6. Name and Address of	Current Registere	d Agent	Name		7, Name and Address of New Registered Agent
MILLER, FREDERICK R 125 EBBTIDE DR					ddress (F	P.O. Box Number is Not Acceptable)
NORTH PALM BEACH FL 33408						<del></del>
•			·			FL   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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
After Se	ILE NOW!!! FEE IS \$550 ptember 10, 2003 Fee will c Payable to Florida Depart				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. '	<del></del>	RS AND DIRECTO		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PS Miller, Frederick R 125 ebbtide DR North Palm Beach Fl	L 33408	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.0		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			Delete —	NAME STREET ADDRESS CITY-ST-ZIP		Ghange ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	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.						

AHachment# 10109792 10 July 2003

## **LUNASEA INC** 125 EBBTIDE DR NORTH PALM BEACH, FL. 33408



## **DEAR SIR:**

~I AM WRITING TO YOU IN REFERENCE TO THE ANNUAL UNIFORM BUSINESS REPORT. THIS IS MY FIRST YEAR IN BUSINESS AND I DON'T BELIEVE MY CORPORATION RECEIVED THE REPORT FORM EARLIER IN THE YEAR. I WOULD LIKE TO REQUEST YOUR CONSIDERATION IN WAVING THE LATE FEE.

> THANK YOU FREDERICK R. MILLER