

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

DOCUMENT # P02000130794

1. Entity Name SEA COVE DEVELOPMENT CORP



P02000130794

FILED

03 MAY 12 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8825 TAMiami TRAIL EAST

Suite, Apt. #, etc.

3. Mailing Address

8825 TAMiami TRAIL EAST

Suite, Apt. #, etc.

City & State

NAPLES, FL 34113

City & State

NAPLES, FL 34113

Zip

Country

Zip

Country

4. FEI Number

14-1875168

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tamela Wiseman ESQ

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

350 Fifth Ave South Suite 203

City

Naples

FL

34102

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IN THIS SPACE**

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 reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President and Director
NAME Luit de Lange
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples, FL 34113

TITLE Secretary
NAME Michelle Buckley
STREET ADDRESS 8825 Tamiami Trail East
CITY-ST-ZIP Naples, FL 34113

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2003

Date

239-774-5333

Daytime Phone

CR2E034B (12/02)