P92000013732

SEA HAG, INC.

Principal Place of Business 404 MAHOGANY CIRCLE KEY LARGO FL 33037 US		Mailing Address  POST OFFICE BOX 2509  KEY LARGO FL 33037  US				1 ( <b>111</b> 11)	II NIO (BINE NION 11	131 <b>1818 181</b> 11 18 <b>0</b> 1	Bi ii <b>era</b> kiiki i <b>erke</b>	IKILA SIPI LADI
	lace of Business  Jasmine St.  #, etc.	3. Mailing Address  155 Jasmine St.  Suite, Apt. #, etc.			St.	DO NOT WRITE IN THIS SPACE				
City & State  Tave I  Zip	, <i>r</i>	City & State Tavernier Zip	lry			65-0377793  Certificate of Status Desired   \$8			pplied For ot Applicable ditional	
3300		<sup>Zio</sup> 33070	<u> </u>	SA					Fee Require	đ
<u> </u>	6. Name and Address of Current R		Name	•	7. Name and	Address of No				
BELLINGE 404 MAH(			Mathew J Street Address (P.O. Box Number is Not				Acceptable)			
KEY LARGO FL 33037				155 Jasmine St.						
				Tavernier FL Zip Code 33070						
8. The above SIGNATURE	named entity submits this statement for	the purpose of changing its i	registere	ed office or i	registered	d agent, or bot	h, in the State	of Florida.  April	29 2 <i>0</i> 0	Z
	Signature, typed or winted pame of registered agent an	d title if applicable. (NOTE:	Registered	t Agent signatur	e required wh	nen reinstating)		DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			Tru	ction Campaig st Fund Contril	_		<b>0</b> May Be to Fees
11.	OFFICERS AND D	RECTORS	12.			ADDITIONS/	CHANGES TO	OFFICERS A	ND DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bellinger, Matthew J 404 Mahogany Cir. Key Largo Fl	☐ Delete		_	155 Tav	Jasnernier	nine =	sf. 33070	<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLINGER, ANA 404 MAHOGANY CIR. KEY LARGO FL	☐ Delete	,		155	Jaso	rine s	5 <b>∤</b> .	₾ Change	Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE; URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR