

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000004313

1. Entity Name
SEAVISION USA, INC.



FILED

04 NOV 12 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4399 35TH STREET NORTH
ST. PETERSBURG, FL 33714

Mailing Address
4399 35TH STREET NORTH
ST. PETERSBURG, FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3166700

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANKIEWICZ, CY
4399 35TH STREET NORTH
ST. PETERSBURG, FL 33714

Name

Payne, J. Scott

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

4399 35th Street North

City

Saint Petersburg

FL

Zip Code
33714

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

J. Scott Payne
Signature, word or printed name of registered agent and title if applicable.

J. Scott Payne

October 28, 2004

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 VS
NAME PAYNE, JEFFERY T
STREET ADDRESS 4399 35TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400042698394
11/12/04--01061--011 **\$61.25

TITLE TD
NAME STANKIEWICZ, CY
STREET ADDRESS 4399 35TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME PAYNE, J SCOTT
STREET ADDRESS 4399 35TH STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33714 ☐ 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

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.

SIGNATURE:

J. Scott Payne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Scott Payne

October 28, 2004

Date

Daytime Phone #

727-812-3004