

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010383

DOCUMENT # P93000009130

1. Entity Name

SEA SCREAMER OF PANAMA CITY, INC.

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 PM 12:31

Principal Place of Business

3601 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408  
US

Mailing Address

7120 PATRONIS DR.  
APT. 1501  
PANAMA CITY FL 32408  
US

2. Principal Place of Business

3. Mailing Address

1010 PADDOCK CLUB DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY BEACH FL

Zip

Country

Zip

Country

32407

US

DO NOT WRITE IN THIS SPACE  
**REINSTATEMENT**

4. FEI Number 59-3166127

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

HUNICUTT, REID  
7120 PATRONIS DR.  
APT. 1501  
PANAMA CITY BEACH FL 32408

Name

REID HUNICUTT

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

1010 PADDOCK CLUB DR.

City

PANAMA CITY BEACH

FL

Zip Code

32407

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME HUNICUTT, REID  
STREET ADDRESS 7120 PATRONIS DR. APT. 1501  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE DP  
NAME REID HUNICUTT  
STREET ADDRESS 1010 PADDOCK CLUB DR.  
CITY-ST-ZIP PANAMA CITY BEACH, FL. ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)