

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90022 014 ***150.00

DOCUMENT # P93000016259

1. Entity Name

SEA SOFT, INC.

Principal Place of Business

Mailing Address

**5905 4TH STREET NORTH
 ST. PETERSBURG FL 33703
 US**

**5905 4TH STREET NORTH
 ST. PETERSBURG FL 33703-1417
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3171900

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

**WAHL, JEAN
 3993 14TH STREET NE
 ST. PETERSBURG FL 33703**

Name

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

City

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.

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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	P	<input type="checkbox"/> Delete
NAME	WAHL, LEONARD	
STREET ADDRESS	3993 14TH STREET NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WAHL, KENNETH	
STREET ADDRESS	14251 SW 29TH CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAHL, JEAN	
STREET ADDRESS	3993 14TH STREET NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5905 4TH ST N
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Wahl, Jean
STREET ADDRESS	3993 14th St NE
CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN WAHL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2000
 Date

727-522-475
 Daytime Phone #