

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90098 022 ***150.00

DOCUMENT # P93000016259

1. Entity Name
SEA SOFT, INC.

Principal Place of Business
**5905 4TH STREET NORTH
 ST. PETERSBURG FL 33703
 US**

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



2. Principal Place of Business
8440 45th

3. Mailing Address
8440 45th

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg FL
 Zip
33702

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St. Petersburg FL
 Zip
33702

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

**WAHL, JEAN
 242 RIVER RANCH BLVD
 LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

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: *Jean Wahl* **Jean Wahl**

DATE: **1/7/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 Delete
 NAME **P WAHL, LEONARD**
 STREET ADDRESS **5905 4 ST**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS **8440 45th**
 CITY-ST-ZIP **St Petersburg FL 33702**

TITLE Delete
 NAME **D WAHL, JEAN**
 STREET ADDRESS **P O BOX 30409**
 CITY-ST-ZIP **RIVER RANCH FL 33867**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change 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)(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: *Jean Wahl* **Jean Wahl** 1/7/02 727-522-4752
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)