

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93599 008 ***150.00

DOCUMENT # **P93000066682**

1. Entity Name

Sea Power International Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

900 SW Kings Bay Dr

Suite, Apt. #, etc.

3. Mailing Address

2428 N. Essex Ave

Suite, Apt. #, etc.

City & State

Crystal River FL 34429

City & State

Hernando FL

Zip

Country

US

Zip

34442

Country

US

4. FEI Number

59 3202414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Rhoades, Ron A
2428 N. Essex Ave
Hernando, FL 34442

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

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, 2001 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

TITLE **PD**
NAME **Kennedy Smith**
STREET ADDRESS **900 SW Kings Bay Dr**
CITY-ST-ZIP **Crystal River, FL 34429**

☐ Delete

TITLE **STD**
NAME **Carrol Smith**
STREET ADDRESS **900 SW Kings Bay Dr**
CITY-ST-ZIP **Crystal River, FL 34429**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **Pamela Nix**
STREET ADDRESS **7401 N. Florida Ave**
CITY-ST-ZIP **Citrus Springs, FL 34434**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ 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: **Pamela Nix**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (352)465-4600

CR2E034 (11/00)