

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90125 015 \*\*\*150.00

**DOCUMENT # P94000036385**

1. Entity Name  
**THE SEAGRAPE COMPANY**



Principal Place of Business  
**4241 SALERNO RD SOUTH  
JACKSONVILLE FL 32244**

Mailing Address  
**4241 SALERNO RD SOUTH  
JACKSONVILLE FL 32244**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3306492**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**HASTINGS, KEVIN H  
4241 SALERNO RD SOUTH  
JACKSONVILLE FL 32244**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<input type="checkbox"/> Delete	<b>HASTINGS, SUSAN L 4241 SALERNO RD SOUTH JACKSONVILLE FL 32244</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>D</b>	<input type="checkbox"/> Delete	<b>HASTINGS, KEVIN H 4241 SALERNO RD SOUTH JACKSONVILLE FL 32244</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>D</b>	<input type="checkbox"/> Delete	<b>HENRY, VICTORIA M 12861 CURT DR. JACKSONVILLE FL 32228</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>D</b>	<input type="checkbox"/> Delete	<b>HENRY, FRED R 12861 CURT DR. JACKSONVILLE FL 32223</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/2003 904-390-7114**  
Date Daytime Phone #

CR2E034 (10/02)