

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90252 046 \*\*\*158.75

**DOCUMENT # P94000052091**

**1. Entity Name**  
**SEALCO OF SOUTHWEST FLORIDA, INC.**

**Principal Place of Business**

**988 HUNT COURT  
 MARCO ISLAND FL 34145  
 US**

**Mailing Address**

**C/O W.D.KRAMER  
 P O BOX 990039  
 NAPLES FL 34116-6060  
 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**

**65-0330255**

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**

**KRAMER, WILLIAM D  
 1838 40TH TERRACE SW  
 NAPLES FL 34116**

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, 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** **P** ☐ Delete  
**NAME** **HOLLOWAY, ROBERT B**  
**STREET ADDRESS** **988 HUNT COURT**  
**CITY-ST-ZIP** **MARCO ISLAND FL 34145**

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

**TITLE** **VS** ☐ Delete  
**NAME** **HOLLOWAY, CHRISTOPHER A**  
**STREET ADDRESS** **1270 15TH STREET SW**  
**CITY-ST-ZIP** **NAPLES FL 34117**

**TITLE** **V** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **HOLLOWAY, BRADLEY B**  
**STREET ADDRESS** **865 10TH AVE SOUTH**  
**CITY-ST-ZIP** **NAPLES FL 34102**

**TITLE** **S** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **TREASURER** ☐ Change ☒ Addition  
**NAME** **DEBORAH HOLLOWAY**  
**STREET ADDRESS** **988 HUNT COURT**  
**CITY-ST-ZIP** **MARCO ISLAND, FL 34145**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT B. HOLLOWAY**

Date

Daytime Phone #

**1-30-02 (941)642-0906**

CR2E034 (9/01)