2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000079954**

SEATECH REALTY INC.

Principal Place of Business

Mailing Address

17595 S. TAMIAMI TRAIL. STE. 108 FORT MYERS FL 33908

17595 S. TAMIAMI TRAIL, STE. 108 FORT MYERS FL 33908-4500

HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90236 001 ***150.00

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0528976 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHULTE, DONN Street Address (P.O. Box Number is Not Acceptable) 17595 S. TAMIAMI TRAIL, STE. 108 FORT MYERS FL 33908 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change \overline{CD} TITLE ☐ Delete TITLE SCHULTE DONN NAME NAME STREET ADDRESS 7595 S TAMIAMI TRAIL #108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Change Addition ☐ Delete TITLE TITLE O'DEA, WENDY 1 M. NAME NAME STREET ADDRESS STREET ADDRESS 17595 S TAMIAMI TRL #708 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 - Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Addition ☐ Change TITLE Delete TITLE

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.

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE NAME

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

Addition

☐ Addition