

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0114169 AV

DOCUMENT # P94000082250

1. Entity Name

SEIBERT FAMILY, INC.

02-05-2002 90139 030 ***150.00

Principal Place of Business

50 ELEVENTH AVE

UNIT 203

INDIALANTIC FL 32903

Mailing Address

50 ELEVENTH AVE

UNIT 203

INDIALANTIC FL 32903



2. Principal Place of Business

50 - ELEVENTH AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

UNIT 203

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INDIALANTIC FL.

City & State

4. FEI Number

59-3276613

Applied For

Not Applicable

Zip

32903

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIBERT, WILLIAM F

50 ELEVENTH AVE UNIT 203

INDIALANTIC FL 32903

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 WILLIAM F. SEIBERT

Signature, typed or printed name of registered agent and title if applicable.

William F. Seibert

(NOTE: Registered Agent signature required when reinstating)

1/17/02

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

TITLE NAME ☐ Delete

PD
SEIBERT, WILLIAM F
430 A VERSAILLES DR
CITY-ST-ZIP MELBOURNE BCH FL 32951

TITLE NAME ☐ Delete

TSD
SEIBERT, JOAN
130 A VERSAILLES DR
CITY-ST-ZIP MELBOURNE BCH FL 32951

TITLE NAME ☒ Delete

D
FESSLER, JACQUELINE
130 A VERSAILLES DR
CITY-ST-ZIP MELBOURNE BCH FL 32951

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

PD
SEIBERT, WILLIAM F.
50 - ELEVENTH AVE #203
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE NAME ☒ Change ☐ Addition

TSD
SEIBERT, JOAN
50 - ELEVENTH AVE #203
CITY-ST-ZIP INDIALANTIC FL. 32903

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

WILLIAM F. SEIBERT William F. Seibert

Date

Daytime Phone #

1/17/02 321-676-2095

CR2E034 (9/01)