

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90207 027 ***550.00

DOCUMENT # P94000090634

1. Entity Name
SEAGULL TECHNOLOGIES, INC.

Principal Place of Business
18101 PEREGRINE'S PERCH PLACE
SUITE 312
LUTZ FL 33549
US

Mailing Address
P OBOX 270473
TAMPA F. 33688-0473
US

2. Principal Place of Business
4228 PINE ISLE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lutz, FL

City & State

4. FEI Number **59-3289679**

Applied For
 Not Applicable

Zip
33549-2794 Country
US

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
 NAME **PEARSON, ROGER E**
 STREET ADDRESS **18101 PEREGRINE'S PERCH PL., APT. 312**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Change ☐ Addition
 NAME **PEARSON, ROGER E**
 STREET ADDRESS **4228 PINE ISLE DRIVE**
 CITY-ST-ZIP **LUTZ, FL 33549-2794**

TITLE **D** ☐ Delete
 NAME **PEREZ, MANUEL**
 STREET ADDRESS **18101 PEREGRINE'S PERCH PL., APT. 312**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Change ☐ Addition
 NAME **PEREZ, MANUEL**
 STREET ADDRESS **4228 PINE ISLE DRIVE**
 CITY-ST-ZIP **LUTZ, FL 33549-2794**

TITLE ☐ Delete
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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: ROGER E PEARSON 8/15/2000 813-964-0755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)