

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

04-17-2002 90079 040 ***150.00

DOCUMENT # P95000022335

1. Entity Name
SEIN ENTERPRISES INC.

Principal Place of Business
36362 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684-3834
US

Mailing Address
P.O. BOX 577
PALM HARBOR FL 34682
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3352490**

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

SEIN, EUNICE
36362 US HIGHWAY 19 NORTH
PALM HARBOR FL 34683

Name **Koon Eunice S**
 Street Address (P.O. Box Number is Not Acceptable)

36406 US Hwy 19 N
 City **Palm Harbor** **FL** Zip Code **34684**

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 ☐ Delete
 NAME **OT**
 STREET ADDRESS **JURADO HERNANDEZ, KATHRYN**
 CITY-ST-ZIP **13131 CARROLLWOOD CREEK DRIVE TAMPA FL 33624**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SEIN, EUNICE**
 CITY-ST-ZIP **339 LEMON STREET OZONA FL 34640**

TITLE ☒ Change ☐ Addition
 NAME **Koon, Eunice Sein**
 STREET ADDRESS **36406 US Hwy 19 N**
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ Delete
 NAME **VPSD**
 STREET ADDRESS **ROCAFORT, CARMEN**
 CITY-ST-ZIP **101 JAZMIN URB SAN FRANCISCO RIO PIEDRAS, P.R. 00927**

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

TITLE ☐ Delete
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 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 my address, with all other like empowered.

SIGNATURE:

EUNICE SEIN KOON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)