


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR -4 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031707	
1. Entity Name SEASCAPE BOATING COMPANY	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 600 W. HILLSBORO BLVD.	3. Mailing Address 811 LA SALLE AVENUE		
Suite, Apt. #, etc. SUITE 520	Suite, Apt. #, etc.		
City & State DEERFIELD BEACH, FL	City & State MINNEAPOLIS, MN		
Zip 33441	Country US	Zip 55402	Country US

DO NOT WRITE IN THIS SPACE

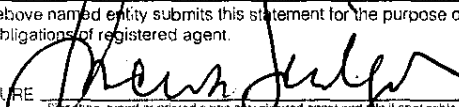
4. FEI Number 65-0575538	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

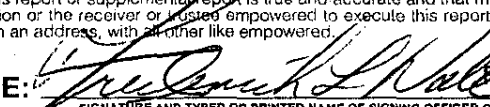
Name FREDERICK C. HEIDGERD, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 600 W. HILLSBORO BLVD., SUITE 520
City DEERFIELD BEACH
State FL
Zip Code 33441

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  FREDERICK C. HEIDGERD, ESQ.	DATE MARCH 4, 2003

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FREDERICK L. WALL, III, CP 811 LA SALLE AVE MINNEAPOLIS, MN 55402	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with or without like empowered.		
SIGNATURE:  FREDERICK L. WALL, III	Date 3/12/03	Daytime Phone # 612 353 1663

CR2E034B (12/02)