

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048791

1. Entity Name

SEATIK CORPORATION

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90105 004 ***150.00

Principal Place of Business

Mailing Address

LEVINE WAYNE M
777 LANTANA ROAD
LANTANA FL 33462

LEVINE WAYNE M
777 LANTANA ROAD
LANTANA FL 33462-1632

2. Principal Place of Business

4501 TAMiami Tr. N.

3. Mailing Address

4501 TAMiami Tr. N.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Country

USA

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0595153

Applied For

Not Applicable

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

LAVINE, WAYNE M
% PHULWANI & LEVINE
777 LANTANA ROAD
LANTANA FL 33462

Name

JANE E. LAMBERSON

Street Address (P.O. Box Number is Not Acceptable)

4501 TAMiami Tr. N. #204

City

NAPLES

FL

Zip Code

34103

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 Jane E. LAMBERSON
Jane E. LamberSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/00

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, 2000 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 **D** ☐ Delete
NAME **KOPPELMANN, KARL-OTTO**
STREET ADDRESS **LANGEWANNE WEG 215**
CITY-ST-ZIP **59069 HAMM, GERMANY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P. V. D. T. S. D** ☒ Change ☐ Addition
NAME **KOPPELMANN, KARL-OTTO**
STREET ADDRESS **DANTESTRASSE 4-6**
CITY-ST-ZIP **65189 WESSELN GERMANY**

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

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

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

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

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:

Silvia Koppelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-00

Date

Daytime Phone #

CR2E034 (9/99)