

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055838

1. Entity Name

FLORIDA SETA INVESTMENT, CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 30 AM 8:01

20130601



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1600 SANIBEL DRIVE  
KISSIMMEE FL 34741

Mailing Address

1400 W FAIRBANKS AVE  
STE 102  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3439205

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

SMOLDERS, JOHN  
1400 W. FAIRBANKS AVE  
STE 102  
WINTER PARK FL 32789

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	SMOLDERS-VAN ALPHEN, M.G.R.	MAURITSKASE 25-2514 HO-THIE HAGUE	
			THE NETHERLANDS	
	D	SMOLDERS, JOHN	1400 W. FAIRBANKS AVE -STE 102	
			WINTER PARK FL 32789	

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:

*SMOLDERS, JOHN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-24-2002 Daytime Phone #

CR2E034 (9/01)