

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069300

1. Entity Name

SEASTONE GROUP INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90083 050 ***150.00

Principal Place of Business

1314 E. LAS OLAS
FORT LAUDERDALE FL 33301

Mailing Address

P.O. BOX 2116
FT. LAUDERDALE FL 33303-2116

2. Principal Place of Business

521 N.W. 1st AVE

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE

City & State

FL 33

4. FEI Number

65-0619587

Applied For

Not Applicable

Zip

33301

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

HERMAN, BRUCE
1401 E BROWARD BLVD
STE 206
FORT LAUDERDALE FL 33301

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ZIGANN, RICHARD	
STREET ADDRESS	1401 E BROWARD BLVD STE 206	
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ZIGANN, BARBARA	
STREET ADDRESS	1401 E BROWARD BLVD STE 206	
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HERMAN, BRUCE	
STREET ADDRESS	1401 E BROWARD BLVD STE 206	
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara Zigann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/00

9545227866
Daytime Phone #

CR2E034 (9/99)