

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90046 001 ***150.00

0158938
 AV

DOCUMENT # P95000078700

1. Entity Name

SEASOURCE UNLIMITED INC.

Principal Place of Business

Mailing Address

**923 SE 20TH ST
 BUILDING D UNIT 25
 FORT LAUDERDALE FL 33316**

**835 NW 132ND AVE.
 PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

1651 PASSION VINE CIRC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

4. FEI Number

65-0617610

Applied For

Not Applicable

Zip

Country

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLANAGAN, BRENDAN J
 835 NW 132ND AVE.
 PEMBROKE PINES FL 33028**

Name

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

1651 PASSION VINE CIRCLE

City

WESTON, FL

FL

Zip Code

33326

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 **PCEO**
 STREET ADDRESS **FLANAGAN, BRENDAN**
 CITY-ST-ZIP **835 NW 132ND AVE
 PEMBROKE PINES FL 33028**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1651 PASSION VINE CIRCLE**
 CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

BRENDAN FLANAGAN

1.15.02

954.467.9398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/01 10:00 AM