

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90107 001 ***450.00

DOCUMENT # P95000087927

1. Entity Name
SEATEXACO, INC.

Principal Place of Business
**4320 TRANQUILITY DR.
 HIGHLAND BEACH FL 33487**

Mailing Address
**4320 TRANQUILITY DR.
 HIGHLAND BEACH FL 33487**

71636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3499 STIRLING ROAD
 Suite, Apt. #, etc.

3. Mailing Address
3499 STIRLING ROAD
 Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL.
 Zip
33312
 Country
USA

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HOLLYWOOD, FL.
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4. FEI Number **65-0622061**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHUBERT, JAMES M
 4320 TRANQUILITY DRIVE
 HIGHLAND BEACH FL 33487**

7. Name and Address of New Registered Agent

Name **SCHUBERT, JAMES M.**
 Street Address (P.O. Box Number is Not Acceptable)
3499 STIRLING ROAD
 City **HOLLYWOOD** **FL** Zip Code **33312**

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 **JAMES M. SCHUBERT** *James M. Schubert* **4/21/01**
 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, 2001 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	P SCHUBERT, JAMES M 4320 TRANQUILITY DRIVE HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 3499 STIRLING ROAD HOLLYWOOD, FL. 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James M. Schubert* **JAMES M. SCHUBERT** **4/21/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)