

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

12/12/02  
Scpp

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90076 034 \*\*\*150.00

DOCUMENT # **P95000095796**

1. Entity Name  
**SEAWAY PLASTICS PRODUCTION, INC.  
ENGINEERING**



Principal Place of Business  
**6033 SHERWIN DRIVE  
PORT RICHEY FL 34668**

Mailing Address  
**6033 SHERWIN DRIVE  
PORT RICHEY FL 34668**



2. Principal Place of Business  
**6042 Sherwin Drive**

3. Mailing Address  
**6042 Sherwin Drive**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3344364** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERNARD, PAUL C  
6033 SHERWIN DRIVE  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BEHAYLO, GERALD W</b> <b>1850 WASHINGTON AVE</b> <b>ROCHESTER HILLS MI 48306</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BEHAYLO, LEONARD E</b> <b>4650 KIFTS GATE BEND</b> <b>BLOOMFIELD HILLS MI 48302</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BERNARD, PAUL C</b> <b>2830 OAKRIDGE COURT</b> <b>PALM HARBOR FL 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>411 South OLD WOODWARD AVE, Apt 721</b> <b>Birmingham, MI 48009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **PAUL C. BERNARD** **03/18/03** **727-845-3235**  
Date Daytime Phone #

CR2E034 (10/02)