

**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

City & State

City & State

4. FEI Number **59-3344364**

Applied For
 Not Applicable

Zip

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

BERNARD, PAUL C
~~6033 SHERWIN DRIVE~~ **6042 Sherwin Drive**
PORT RICHEY FL 34668

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BEHAYLO, GERALD W
STREET ADDRESS	1850 WASHINGTON AVE
CITY-ST-ZIP	ROCHESTER HILLS MI 48306
TITLE	D <input type="checkbox"/> Delete
NAME	BEHAYLO, LEONARD E
STREET ADDRESS	4650 KIFTS GATE BEND
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48302
TITLE	D <input type="checkbox"/> Delete
NAME	BERNARD, PAUL C
STREET ADDRESS	2830 OAKRIDGE COURT
CITY-ST-ZIP	PALM HARBOR FL 34685
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	411 South OLD WOODWARD AVE, Apt 721
CITY-ST-ZIP	Birmingham, MI 48009
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	

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)