

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90806 040 ***158.75

0511693 AV

DOCUMENT # P96000005851

1. Entity Name
SEA COW, INC.



Principal Place of Business

420 WHITMAN ROAD

WINTER HAVEN FL 33884

7 E. ST. APT F
ST AUGUSTINE FL 32080

Mailing Address

420 WHITMAN ROAD

WINTER HAVEN FL 33884

7 E. ST. APT F
ST AUGUSTINE FL 32080

2. Principal Place of Business

7 E. ST

Suite, Apt. #, etc.

APT F

City & State

ST AUGUSTINE FL

Zip

32080

Country

USA

3. Mailing Address

7 E. ST. APT F

Suite, Apt. #, etc.

APT F

City & State

ST AUGUSTINE FL

Zip

32080

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3365742

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BENNETT, BARRY W
60 SECOND STREET SE
WINTER HAVEN FL 33880

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 _____
Signature, typed or printed name of registered agent and title if applicable (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 ☐ Delete

NAME **D HALLMARK, STACEY M**
STREET ADDRESS **140 LOWELL ROAD SE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete

NAME **D QUINN, EVAN B**
STREET ADDRESS **420 WHITMAN ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☒ Delete

NAME **STO QUINN, BRENDA J**
STREET ADDRESS **420 WHITMAN ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete

NAME **D QUINN, COURTNEY R**
STREET ADDRESS **420 WHITMAN ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete

NAME **PD QUINN, TERENCE B**
STREET ADDRESS **420 WHITMAN ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 2003 **904 669 5589**
Date Daytime Phone #

0511693 (10/02)