

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90051 027 ***150.00

DOCUMENT # P96000014192

1. Entity Name
SEA VENTURES OF SOUTH FLORIDA, INC.



Principal Place of Business
13629SW 283 TTERR
HOMESTEAD FL 33-0303
US

Mailing Address
13629SW 283 TTERR
HOMESTEAD FL 33-0303
US

2. Principal Place of Business

13629 SW 283 TERR
Suite, Apt. #, etc.
HOMESTEAD FL
City & State

3. Mailing Address

SAMS
Suite, Apt. #, etc.
City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0644713**

Applied For
Not Applicable

Zip
33033

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

MEADE, KERRY A
184 BAHAMA AVE
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name *Frank Meade*
Street Address (P.O. Box Number is Not Acceptable)
13629 SW 283 TERR
City *HOMESTEAD* **FL** **Zip Code** *33033*

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 *Frank Meade*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/12/03*

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	MEADE, KERRY A	
STREET ADDRESS	13629 SW 283 TERR	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEADE, FRANK	
STREET ADDRESS	13629 SW 283 TERR	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEADE, KERRY A	
STREET ADDRESS	13629 SW 283 TERR	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORGAN, GEE GEE	
STREET ADDRESS	109 PARK LANE EAST	
CITY-ST-ZIP	HYPOLUXO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *Frank Meade*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03
Date

Daytime Phone #

CR2E034 (10/02)