

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90330 029 \*\*\*150.00

**DOCUMENT # P96000018053**

1. Entity Name  
**SEACREST CONTRACTORS, INC.**

Principal Place of Business

**130 NE FIRST ST  
 DELRAY BEACH FL 33444**

Mailing Address

**PO BOX 668  
 DELRAY BEACH FL 33447**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0649015**

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

**KENDALL, THOMAS L  
 1700 NW SECOND AVE  
 DELRAY BEACH FL 33444**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KENDALL, THOMAS L**  
 CITY-ST-ZIP **1700 NW SECOND AVE  
 DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS KENDALL,  
 PRES.**

Date

Daytime Phone #

**7-17-02 (561) 499-5710**

CR2E034 (4/02)

Attachment

**Seacrest Contractors, Inc.**

State Certified Contractor

# P160001803

561-499-5710  
130 N.E. 1 St.  
Delray Beach, FL

Air Conditioning CA-CO13284  
General Contracting CG-CO27748  
Roofing CC-CO57415

7-17-2002

To Whom it may concern:

I am sending this letter as per my phone conversation with Lynn @ 850-488-9000. - I just received a report with 550.- fee, Evidently, I never received a first Uniform Bus. Report (with a \$150.- filing fee). Lynn told me to indicate that I never got a first mailing, and to complete the form and send in with the \$150.- fee, which I am now doing. Thanks for your help & cooperation,

\_\_\_\_\_  
Thomas Kendall

Thomas Kendall, Pres.