

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

DOCUMENT # **P 96000024130**

1. Entity Name

SEAVIEW MARKETING, INC.



FILED

03 MAR -5 PM 3:52

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

779 E. MERRITT ISLAND CSWY

3. Mailing Address

P.O. Box 541582

Suite, Apt. #, etc.

433

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32952

Country

BREVARD

Zip

32953

Country

BREVARD

4. FEI Number

59-3374316

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES M. WALLS

Street Address (P.O. Box Number is Not Acceptable)

779 E. MERRITT ISLAND CSWY #433

City

MERRITT ISLAND

FL

Zip Code

32952

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

James M. Walls, Pres.

JAMES M. WALLS, PRES.

2/21/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**D
WALLS, JAMES M.
PO Box 541582
MERRITT ISLAND, FL 32954**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James M. Walls, Pres.

JAMES M. WALLS, PRES.

2/21/03

(321)

454-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)