

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025237

1. Entity Name

SEASELLERS, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90334 047 \*\*\*150.00

Principal Place of Business

Mailing Address

1209 DIXIE CUTOFF ROAD  
 STUART FL 34997

1209 DIXIE CUTOFF ROAD  
 STUART FL 34997

00030654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0650383**

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

RANTINELLA, JOHN V SR  
 3071 MAINSAIL CIRLCE  
 JUPITER FL 33477

Name **CHRISTOPHER B. RANTINELLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3071 MAINSAIL Circle**  
**1209 DIXIE CUTOFF ROAD**  
 City **Jupiter STUART FL** Zip Code **33997**

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.

SIGNATURE **Christopher B Rantinella, Director**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/10/01**  
 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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **PD** ☐ Delete  
 NAME **RANTINELLA, JOHN V SR.**  
 STREET ADDRESS **1209 DIXIE CUTOFF ROAD**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Change ☒ Addition  
 NAME **CHRISTOPHER B RANTINELLA**  
 STREET ADDRESS **1209 DIXIE CUTOFF ROAD**  
 CITY-ST-ZIP **STUART, FL. 34997**

TITLE **STD** ☐ Delete  
 NAME **RANTINELLA, PATRICIA**  
 STREET ADDRESS **1209 DIXIE CUTOFF ROAD**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JOHN V RANTINELLA JR**  
 STREET ADDRESS **1209 DIXIE CUTOFF ROAD**  
 CITY-ST-ZIP **STUART, FL. 34997**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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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

Date

Daytime Phone #

**3/1/01**

CR2E034 (10/00)