2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000029089 DOCUMENT

1. Entity Name

SEIURUS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90185 016 ***150.00

				\	G WE IN	Ì					
Principal Place (1160 KANE CON BAY HARBOR FL	Course. Suite 402	1160 i	Mailing Address 1160 KANE CONCOURSE. SUITE 402 BAY HARBOR FL 33154								
2. Principal Pla	ce of Business	3. Mail	ing Address		_	7	P 10041001 IIM takin aritis antit natit nati	1 61 690 15960	16111 20121 1011		
Suite, Apt. #,	etc	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
		Cin	City & State			4. FE	FEI Number of 0040474 Applied Fo				
City & State		City				\$9.75 Add				Applicable	
Zip Country		Zip	p Country			1	5. Certificate of Status Desired			Fee Required	
	6. Name and Address	of Current Registere	Registered Agent			7. Name and Address of New Registered Agent					
	V. Hamo distribution			N	lame		· · · · · · · · · · · · · · · · · · ·				
SIEGEL, ST	FVFN	Street Address			(P.O. Bo	x Number is Not Acceptable)					
SIEGEL, SI	CONCOURSE, SUITE	402	Silest Addis								
		TUL									
BAY HARB	OR FL 33154			<u> </u>	ity			FL	Zip Code		
				1	•				-ilian with a	nd accept	
5. The about	named entity submits this	statement for the pur	pose of changing it	ts registered o	office or regist	tered age	ent, or both, in the State of Florida	a. Tamitan	niliar widi, a	ilu accepi	
the obligation	ons of registered agent.						,	10	13		
	1-C/	1.4						70			
SIGNATURE _	Signature, typed or printed name of	registered agent and title if ap	plicable. (NC	TE: Registered Ag	ent signature requ	ired when re	instating)	DATE			
<i></i>		_/	1				, Complete Finance	oina	\$5.0 0	May Be	
. 🧏 /FI	LE NOW!!(FEE IS \$	150.00					 Election Campaign Finant Trust Fund Contribution. 	Jing 🔲		to Fees	
After	May 1, 2003 Fee will b	e \$550.00 portment of State									
Make Check	Payable to Florida De	partment of State	ODE	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND [DIRECTORS	IN 11	
10.		ICERS AND DIRECT	Delete	TITLE					Change	☐ Addition	
TITLE	D OFFICE OFFI		☐1 Delete	NAME							
NAME	SIEGEL, STEVEN 1160 KANE CONCOU	DOE SHITE 402	TF 402		ADDRESS						
STREET ADDRESS	BAY HARBOR FL 331	54		CITY-ST	- ZIP						
CITY-ST-ZIP		34	Delete	TITLE	-				Change	Addition	
TITLE	D		☐ Delete	NAME							
NAME	SIEGEL, WENDY	IDCE CLITE 402		STREET	ADDRESS						
STREET ADDRESS	1160 KANE CONCOU BAY HARBOR FL 331	183E, 3011E 402		CITY-S	r-ZIP						
CITY-ST-ZIP	BAY HANDON FL 301		☐ Delete	TITLE					Change	Addition	
TITLE			□ 061610	NAME			•				
NAME				STREET	ADDRESS						
STREET ADDRESS - CITY-ST-ZIP	<u></u>			CITY-S	T-ZIP						
			☐ Delete	TITLE					Change	☐ Addition	
TITLE				NAME							
NAME OTREET ADDRESS				STREET	ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-S	IT-ZIP				☐ Change	Addition	
			☐ Delete	TITLE					Change		
TITLE NAME				NAME							
STREET ADDRESS	:1				ADDRESS						
CITY-ST-ZIP				CITY-S	ST-ZIP				☐ Change	Addition	
			☐ Delete	TITLE					☐ Change	LT Addition	
TITLE NAME				NAME	\						
STREET ADDRESS					T ADDRESS						
t .	i			CITY-	ST-ZIP				416 . 41a = 4 41a =	information	
011 31 21		n supplied with this fil	ling does not qualif	y for the exen	notion stated	in Sectio	n 119.07(3)(i), Florida Statutes. I e legal effect as if made under o	turther cer ath: that 1 a	my mat me am an office	r or director	
12. I hereby	d on this report or suppler	mental report is true a	ing accurate and th	nat my signati	ure shall have	r ne sam r 607 Ek	n 119.07(3)(i), Florida Statutes. I e legal effect as if made under o orida Statutes; and that my name	appears i	n Block 10 d	or Block 11 if	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal enect as it made under oath, that it all all all indicates of the corporation or the receiver or pustee 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:

BRESTRED