## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P96000037329 DOCUMENT #

1. Entity Name

SEA CLEAR AQUARIUM AND PET CENTER, INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91473 006 \*\*\*150.00

| Principal Plac<br>2884 RINGLING<br>SARASOTA FL  | G BLVD.        | s                                   | 2884              | Mailing Address<br>2884 RINGLING BLYD,<br>SARASOTA FL 34236 |                                       |    |                                       |   |             |             |                             |
|---|----------------|-------------------------------------|-------------------|---|---------------------------------------|----|---------------------------------------|---|-------------|-------------|-----------------------------|
| 2. Principal P  | Place of Busin | ness                                | 3. Mai            | 3. Mailing Address  |                                       |    | 1 <b>1001108</b> 1 (1                 | E INSIN NSINI MAKIN MAN                 | )           |             | ildig idel idal             |
| Suite, Apt.   | #, etc.        | <u> </u>                            | Suit              | Suite, Apt. #, etc.   |                                       |    | ☐ CHECK HERE IF MAKING CHANGES        |   |             |             |                             |
| City & State  |                |                                     | City              | City & State  |                                       |    | FEI Number                            | 65-0658073                              |             | <del></del> | oplied For<br>of Applicable |
| Zip   |                | Country                             | Zip               |   | Country                               |    | Certificate of                        | Status Desired                          |             | \$8.75 Ad   | ditional                    |
|   | 6. Name        | and Address of                      | Current Registere | ed Agent  |                                       |    |                                       | dress of New R                          | egistered A | gent        |                             |
| MCDANIEL, ROBERT S JR   |                |                                     |                   | Name Street Addres  |                                       |    | s (P.O. Box Number is Not Acceptable) |   |             |             |                             |
| 1444 FIRST STREET<br>SARASOTA FL 34236  |                |                                     |                   |   |                                       |    | <del>-</del> ,                        |   |             |             |                             |
| SANASO II   | N I E OTEGO    |                                     |                   |   | City                                  |    |                                       |   | FL          | Zip Cod     | le                          |
| 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  |                |                                     |                   |   |                                       |    |                                       |   |             |             |                             |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  |                |                                     |                   | ****  |                                       |    |                                       | on Campaign Fin<br>Fund Contribution    |             |             | May Be to Fees              |
| 10.   |                | OFFICE                              | RS AND DIRECTO    | RS  | 11.                                   | AC | DDITIONS/CH                           | IANGES TO OFF                           | ICERS AND   | DIRECTOR    | S IN 11                     |
| TITLE NAME STREET ADDRESS CITY-Si-ZIP   |                | CHARD W<br>LING BLVD.<br>A FL 34236 |                   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |    |                                       |   |             | ☐ Change    | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OATASO II      | 4 FL 34230                          |                   | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |    |                                       |   |             | ☐ Change    | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                |                                     | ,                 | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |    | · · · · · · · · · · · · · · · · · · · |   |             | Change      | ☐ Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                |                                     |                   | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |    |                                       |   |             | ☐ Change    | ☐ Addition                  |
| TITLE<br>NAME<br>Street Address<br>City-St-Zip  |                |                                     |                   | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |    |                                       |   |             | Change      | Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                |                                     |                   | ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP       |    |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             | ☐ Change    | Addition                    |

12. I hereby certify that the information supplied with this filling 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 artifless, with all other like empowered.

SIGNATURE: