

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038341

1. Entity Name

SEEKER TECHNOLOGIES INCORPORATED

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 026 ***550.00

Principal Place of Business

Mailing Address

1270 NORTH EGLIN PARKWAY
STE B-10
SHALIMAR FL 32579-1244

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STE B-10
SHALIMAR FL 32579-1244

2. Principal Place of Business

3. Mailing Address

40 James Drive

40 James Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Shalimar FL

City & State
Shalimar FL

4. FEI Number 59-3376824

Applied For
Not Applicable

Zip 32579-1012

Country

Zip 32579-1012

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

FLYNN, DAVID S
40 JAMES DRIVE
SHALIMAR FL 32579

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.

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 \$150.00
After MAY 1, 2000 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 CP
NAME FLYNN, DAVID S
STREET ADDRESS 40 JAMES DRIVE
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

TITLE V
NAME MARLOW, STEVEN A
STREET ADDRESS 4528 PARKVIEW LANE
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE V/D
NAME Flynn, Marilee D.
STREET ADDRESS 40 James Drive
CITY-ST-ZIP Shalimar FL 32579-1012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S/T/D
NAME Fields, Samuel E.
STREET ADDRESS 5358 Hillcrest Road
CITY-ST-ZIP Crestview FL 32539-6151 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *David S Flynn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 June 2000 850-651-2649

Date

Daytime Phone #

CR2 014 00000