

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90097 024 ***150.00

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DOCUMENT # **P96000038341**

1. Entity Name
SEEKER TECHNOLOGIES INCORPORATED



Principal Place of Business
9425 SOUTH RIVERSIDE DRIVE
#428
SANDY UT 84070

Mailing Address
9425 SOUTH RIVERSIDE DRIVE
#428
SANDY UT 84070



2. Principal Place of Business
119 Siebert Ave

3. Mailing Address
119 Siebert Ave

Suite, Apt. #, etc.
Destin FL 32541

Suite, Apt. #, etc.

City & State
Destin FL

City & State
Destin FL

4. FEI Number **59-3376824**

Applied For
Not Applicable

Zip **32541** Country **USA**

Zip **32541** Country **USA**

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
DAVID S. FLYNN

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

119 Siebert Ave

City **Destin FL** Zip Code **32541**

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 **David S. Flynn, David S. Flynn, Pres 14 Mar 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **CP**
FLYNN, DAVID S ☒ Delete
STREET ADDRESS **40 JAMES DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE
NAME **DAVID S. FLYNN** ☒ Change ☐ Addition
STREET ADDRESS **119 Siebert Ave**
CITY-ST-ZIP **Destin FL 32541**

TITLE
NAME **VD** ☒ Delete
FLYNN, MARILEE D
STREET ADDRESS **40 JAMES DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE
NAME **FLYNN, MARILEE D** ☒ Change ☐ Addition
STREET ADDRESS **119 Siebert Ave**
CITY-ST-ZIP **Destin FL 32541**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David S. Flynn, David S. Flynn 14 Mar 03 850-882-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)