

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000038928**

1. Entity Name

SEAWIND CORPORATION**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90045 017 ***150.00

Principal Place of Business

268 MOCCASIN TRAIL WEST
JUPITER FL 33458

Mailing Address

268 MOCCASIN TRAIL WEST
JUPITER FL 33458-8027**80006984**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 Moccasin Trail North
Suite, Apt. #, etc.

3. Mailing Address

210 Moccasin Trail North
Suite, Apt. #, etc.

City & State

Jupiter, Florida

City & State

Jupiter, Florida

4. FEI Number

65-0680899

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

Zip

33458

Country

USA

Zip

33458

Country

USA

6. Name and Address of Current Registered Agent

FITZGERALD, DONALD P III
24 CATHEDRAL PLACE
SUITE 607
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name **Melvin C. Swendsen**

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

210 Moccasin Trail North

City

Jupiter

FL

Zip Code 33458

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☒ Delete
NAME **FITZGERALD, CATHERINE**
STREET ADDRESS **% 268 MOCCASIN TRAIL WEST**
CITY-ST-ZIP **JUPITER FL 33458**TITLE **Director** ☐ Delete
NAME **Melvin C. Swendsen**
STREET ADDRESS **210 Moccasin Trail North**
CITY-ST-ZIP **Jupiter, Florida 33458**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #