

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90159 029 ***150.00

DOCUMENT # P96000050790

1. Entity Name

SEAMCO DECKING, INC.

Principal Place of Business

Mailing Address

109 S. OREGON AVE.
TAMPA FL 33606
US

~~P.O. BOX 696~~
~~LUTZ FL 33556-0108~~
US

2. Principal Place of Business

3. Mailing Address

PO Box 168

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Odessa

City & State

City & State

FLORIDA

Zip

Country

33556

Country

US

4. FEI Number

65-0674760

Applied For

Not Applicable

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

MCKINNON, DAVID
18111 GRANLEY RD
ODESA FL 33656

Name

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

18111 CRAWLEY RD

Odessa

FL

Zip Code

33556

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 ☐ Delete
NAME **D**
STREET ADDRESS **MCKINNON, DAVID L SR.**
CITY-ST-ZIP **POST OFFICE BOX 696 N/A PO Box 168**
LUTZ FL 33549 Odessa FL 33556

TITLE ☒ Change ☐ Addition
NAME **PO Box 168**
STREET ADDRESS **Odessa FL 33556**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCKINNON, MARIE A**
CITY-ST-ZIP **POST OFFICE BOX 696 N/A PO Box 168**
LUTZ FL 33549 Odessa FL 33556

TITLE ☒ Change ☐ Addition
NAME **PO Box 168**
STREET ADDRESS **Odessa FL 33556**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *David A. McKinnon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 813 2518810
Date Daytime Phone #

CR2E034 (9/99)