

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90041 017 ***150.00

DOCUMENT # P96000070689

1. Entity Name
SEA AIR OF LEE COUNTY INC

Principal Place of Business

5101 YORK CT.
CAPE CORAL FL 33904

Mailing Address

5101 YORK CT.
CAPE CORAL FL 33904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4509 Del Prado Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

4509 Del Prado Blvd
 Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

Zip
33914

Country
USA

Zip
33914

Country
USA

4. FEI Number

65-0690483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOWALCZYK, DAVID
5101 YORK CT.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☐ Delete
NAME **KOWALCZYK, DAVID**
STREET ADDRESS **5101 YORK CT**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **V** ☐ Delete
NAME **KOWALCZYK, KATHLEEN**
STREET ADDRESS **5101 YORK CT**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **S** ☐ Delete
NAME **KOWALCZYK, MARC**
STREET ADDRESS **1017 SW 36TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16290 Forest Mist Court**
CITY-ST-ZIP **Alva, Florida 33920**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **16290 Forest Mist Court**
CITY-ST-ZIP **Alva, Florida 33920**

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TITLE ☐ 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 #

CR2E034 (9/01)