

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071114

1. Entity Name  
SEA OATS MANAGEMENT, INC.

Principal Place of Business  
2539 S ATLANTIC AVE  
DAYTONA BEACH SHORES FL 32118

Mailing Address  
2539 S ATLANTIC AVE  
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

ELLIOTT, PHILIP H P.A.  
125 S PALMETTO AVE  
DAYTONA BEACH FL 32114

Mailing Address  
2539 S ATLANTIC AVE  
DAYTONA BEACH SHORES FL 32118

4. FEI Number 59-3514705 Applied For  
Not Applicable

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

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.  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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULZER, JAMES F 2539 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, PHILIP H 435 OCEAN SHORE BLVD ORMOND BEACH FL 32176-5449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLIOTT, JOYCE O 435 OCEAN SHORE BLVD ORMOND BEACH FL 32176-5449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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Change  Addition

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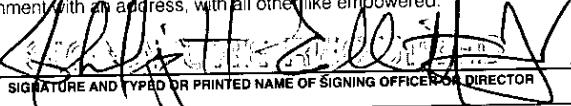
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CR2E034 (9/01)

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

02-08-02 386-767-5684

Date

Daytime Phone #