

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0013703 AV

DOCUMENT # P96000071114

1. Entity Name

SEA OATS MANAGEMENT, INC.



04-14-2003 90933 012 ***155.00

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3514705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D ☒ Delete
NAME KULZER, JAMES F
STREET ADDRESS 2539 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE PD ☐ Delete
NAME ELLIOTT, PHILIP H
STREET ADDRESS 435 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BEACH FL 32176-5449

TITLE STD ☐ Delete
NAME ELLIOTT, JOYCE O
STREET ADDRESS 435 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BEACH FL 32176-5449

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~V.P.D.~~ ☐ Change ☒ Addition
NAME ~~Kathleen E. Pruett~~
STREET ADDRESS ~~741 N. Halifax Drive~~
CITY-ST-ZIP ~~Ormond Beach, FL 32176~~

TITLE V.P.D. ☐ Change ☒ Addition
NAME PRUETT, KATHLEEN E.
STREET ADDRESS 741 N. HALIFAX DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Philip H. Elliott President

01-06-03

386-672-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)