

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90061 045 \*\*\*150.00

**DOCUMENT # P96000074492**

1. Entity Name  
**SEA-AIR LIMO SERVICE, INC.**

Principal Place of Business  
**1917 N STATE ROAD 7**  
**202 C**  
**MARGATE FL 33063**

Mailing Address  
**1917 N STATE ROAD 7**  
**202 C**  
**MARGATE FL 33063**



2. Principal Place of Business  
**1919 N. STATE ROAD 7**  
 Suite, Apt. #, etc.  
**202 C**

3. Mailing Address  
**1919 N. STATE ROAD 7**  
 Suite, Apt. #, etc.  
**202 C**

City & State  
**MARGATE FL**  
 Zip  
**33063**

City & State  
**MARGATE FL**  
 Zip  
**33063**

4. FEI Number **65-0695732**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WARD, KEVIN M**  
**7685 NW 88 WAY**  
**TAMARAC FL 33321**

**7. Name and Address of New Registered Agent**

Name **TENINTY, SCOTT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1919 N. STATE ROAD 7**  
**Suite 202 C**  
 City **MARGATE** **FL** Zip Code **33063**

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

*Scott Teninty*

*4-29-02*  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>TENINTY, SCOTT</b> <b>7685 NW 88 WAY</b> <b>TAMARAC FL 33321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Scott Teninty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-29-02* *(954) 755-7751*  
 Date Daytime Phone #

CR2E034 (9/01)