

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085077

1. Entity Name
SEABREADS, INC.

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90136 002 ***150.00

Principal Place of Business
500 S. OCEAN SHORE BLVD.
FLAGLER BEACH FL 32136
US

Mailing Address
P.O. BOX 2198
FLAGLER BEACH FL 32136



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3419217

Applied For
Not Applicable

Zip Country

Zip Country

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

~~GUNN, GEORGE~~
~~1935 S. DAYTONA AVE~~
~~FLAGLER BEACH FL 32136~~

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP									
	GUNN, GEORGE	1935 S. DAYTONA AVE	FLAGLER BEACH FL 32136							
	V									
	HARRIS, ALBERT	500 S. OCEAN SHORE BLVD.	FLAGLER BEACH FL 32136							
	ST									
	HARRIS, DEBORAH	500 S. OCEAN SHORE BLVD.	FLAGLER BEACH FL 32136							

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

Deborah Harris
Sec/Treas
Deborah Harris

1-13-02

386-439-1818

Date

Daytime Phone #

CR2E034 (9/01)