## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P96000088987** Feb 02, 2000 8:00 am **Secretary of State** SEA SYSTEMS CORPORATION 02-02-2000 90045 036 \*\*\*150.00 Mailing Address Principal Place of Business 3456 NORTHWEST 27TH AVE. 3456 NORTHWEST 27TH AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-1025 2. Principal Place of Business 3. Mailing Address 2300 N.W. 30th Place 2300 NW. 30th Place Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Pompano Beach, Florida Pompano Beach, Florida 59-1913872 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33069 U.S. Fee Required 33069 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUMIN, EDWARD R ESQ. Street Address (P.O. Box Number is Not Acceptable) 2720 EAST OAKLAND PARK BLVD. STE 106 FORT LAUDERDALE FL 33306 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME COPELAND, STANLEY 2300 NW. 30th Place STREET ADDRESS STREET ADDRESS 3456 NW 27 AVE Pompano Beach, Florida 23069 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Change ☐ Addition ☐ Delete TITLE TITLE 2300 N.W. 30th Place SADLER, WILLIAM T NAME NAME STREET ADDRESS STREET ADDRESS 3456 NW 27 AVE Pompano Beach, Florida 33069 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS 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 account and that my isnature 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 empower of to secute this report as required 5, Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on a natachment with the account of the proposed of the propose

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE. DIRECTOR

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954-979-9071

Daytime Phone #