

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007311

1. Entity Name

S.E.A. CONCEPTS, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90339 033 ***150.00

Principal Place of Business

Mailing Address

~~860 OXFORD COURT~~
~~DUNEDIN FL 34698~~

~~860 OXFORD COURT~~
~~DUNEDIN FL 34698-0113~~

2. Principal Place of Business

3. Mailing Address

3423 ROSEMONT RD.

P.O. Box 3983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

TALLAHASSEE

Zip

FL

Country

32312

Zip

FL

Country

32315

4. FEI Number

59-3422008

Applied For

Not Applicable

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

BRONGA, JAMES

~~860 OXFORD COURT~~
~~DUNEDIN FL 34698~~

Name

BRONGA, JAMES

Street Address (P.O. Box Number is Not Acceptable)

3423 ROSEMONT RIDGE RD.

City

TALLAHASSEE

FL

Zip Code

32312

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 JAMES A. BRONGA

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4/29/2000

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, 2000 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 ☐ Delete
NAME PVD
STREET ADDRESS BRONGA, JAMES
CITY-ST-ZIP 860 OXFORD COURT
DUNEDIN FL 34698

TITLE ☒ Change ☐ Addition
NAME PVD
STREET ADDRESS BRONGA, JAMES
CITY-ST-ZIP 3423 Rosemont Ridge Rd
Tallahassee, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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

4/29/2000 (850) 844-3681

Date

Daytime Phone #

CR2E034 (9/99)