

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90173 033 ***150.00

00056126

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000038888**
 1. Entity Name
Sammie the Sea Serpent School Supplies, Inc

Principal Place of Business Mailing Address
8694 Kimble Way 8694 Kimble Way
Boca Raton, FL Boca Raton, FL
33433 33433

2. Principal Place of Business Suite, Apt. #, etc.
8694 Kimble Way
 3. Mailing Address Suite, Apt. #, etc.
8694 Kimble Way

City & State City & State
Boca Raton, FL Boca Raton, FL
 Zip Country Zip Country
33433 USA 33433 USA

4. FEI Number Applied For
59-3443569 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Amy J. Coleman
8694 Kimble Way
Boca Raton, FL 33433

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	<input checked="" type="checkbox"/> Delete
NAME	Kenneth R. Garrison
STREET ADDRESS	1151 SANDDUNE Lane #306
CITY-ST-ZIP	Melbourne, FL 32901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY J. COLEMAN
STREET ADDRESS	8694 KIMBLE Way
CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP James Peryman
STREET ADDRESS	8694 Kimble Way
CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Amy J. Coleman** Date: **May 1, 2000** Daytime Phone #: **561-477-6248**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)