

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049841

1. Entity Name
SEABRO, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90282 023 ***150.00

Principal Place of Business

445 HAMDEN DRIVE
CLEARWATER FL 34630

Mailing Address

445 HAMDEN DRIVE
CLEARWATER FL 34630

2. Principal Place of Business

2348 Sunset point Rd

3. Mailing Address

2348 Sunset Point Rd

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33765

Country

USA

Zip

33765

Country

USA

6. Name and Address of Current Registered Agent

SEATON, DARYL
445 HAMDEN DRIVE
CLEARWATER FL 34630

4. FEI Number

59-3454408

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

2348 Sunset Point Road Suite a

City

Clearwater

Zip Code

33765

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]

Daryl Seaton

4-17-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SEATON, DARYL	
STREET ADDRESS	445 HAMDEN DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34630	
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	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daryl Seaton	
STREET ADDRESS	2348 Sunset Point Rd Suite A	
CITY-ST-ZIP	Clearwater, FL 33765	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]

Daryl J. Seaton

4/17/01 727-725-4631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone No.

CR2E034 (10/00)