FILED
Apr 25, 2003 8:00 am
Secretary of State
04-04-2003 90087 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078082

1. Entity Name
SEA-QUEST, INC.

Principal Place of Business	Mailing Address
515 E LAS OLAS SUITE 1500 FORT LAUDERDALE FL 33301	515 E LAS OLAS SUITE 1500 FORT LAUDERDALE FL 33301

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2800 Two Notch Road	2800 Two Notch Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Columbia, SC	City & State: Columbia, SC
Zip: 29204 Country:	Zip: 29204 Country:

4. FEI Number 65-0779414 ☐ 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
ROBERT C PULLIAM 515 E LAS OLAS SUITE 1500 FORT LAUDERDALE FL 33301	Name: BSPA CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 350 East Las Olas Boulevard, Suite 1000 City: Fort Lauderdale FL Zip Code 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] VP 3-31-03 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PULLIAM, ROBERT C		NAME		
STREET ADDRESS	2800 TWO NOTCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC 29204		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 5-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)