## Feb 08, 2001 8:00 am DOCUMENT # P97000078719 **Secretary of State** SEAWORTHY SERVICES, INC. 02-08-2001 90163 012 \*\*\*150.00 Principal Place of Business Mailing Address 15172 75TH WAY NORTH 15172 75TH WAY NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 18295 LAKE BEND DR 8295 LAKE BEND DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State JURITER City & State Applied For 4. FEI Number 65-0782147 JURITER Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ~ USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZUCKER ZUCKER, FREDERICK A Box Number is Not Acceptable) 15172 75TH WAY PALM BEACH GARDENS FL 33418 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 FREDERICK A. ZUCKER 1/10/01 PRESIDENT (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ZUCKER, FRED NAME NAME STREET ADDRESS 15172 75TH WAY NORTH STREET ADDRESS 18295 LAKE BEND DR. CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP JUPITER, FL 33458 Change TITLE ☐ Delete TITLE ☐ Addition VIRGINIA K. ZUCKER 18295 LAKE BEND DR BENNETT, VIRGINIA NAME NAME STREET ADDRESS 9146 PALOMINO DR STREET ADDRESS CITY-ST-ZIP" CITY-ST-ZIP LAKE WORTH FL 33467 JUPETER FL 33458 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 1 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 any 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 the report of 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 enpowered

SIGNATURE:

SIGNATURE:

OGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESCRICK A. ZUCKER 1 10 81 561-691-3818

Date

Date

Date

Date

Design Phone #