

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90156 013 ***150.00

DOCUMENT # P97000092939

1. Entity Name
SEAGRAPE ENTERPRISES, INC.



Principal Place of Business
**1633 PERIWINKLE WAY, SUITE A
SANIBEL FL 33957**

Mailing Address
**1633 PERIWINKLE WAY, SUITE A
SANIBEL FL 33957**

2. Principal Place of Business

1619 PERIWINKLE WAY

3. Mailing Address

1619 PERIWINKLE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

SUITE 102

City & State

City & State

SANIBEL FL

SANIBEL FL

Zip

Country

33957

US

Zip

Country

33957

US

4. FEI Number **65-0790991**

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

LOUWERS, THOMAS R

1619 PERIWINKLE WAY SUITE 102

SANIBEL FL 33957

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

SIGNATURE

Thomas R Louwers

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/03

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 **PD** ☐ Delete
NAME **GERSTNER, ULRICH**
STREET ADDRESS **GEORG-BLEIBTREU STRABE 1**
CITY-ST-ZIP **XANTEN, GERMANY D-46509**

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

TITLE **STD** ☐ Delete
NAME **GERSTNER, GABRIELE**
STREET ADDRESS **GEORG-BLEIBTREU STRABE 1**
CITY-ST-ZIP **XANTEN, GERMANY D-46509**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)