2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P97000099618					
A SEAWALL INSPECTION	I SERVICE INC					

Principal Place of Business

Mailing Address

27 ISLA BAHIA DRIVE FT LAUDERDALE FL 33316 27 ISLA BAHIA DRIVE. FT LAUDERDALE FL 33316

2. Principal Plac	e of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
	6 Name and Address of Co.	Total Designation of Assert				

FILED Apr 29, 2002 8:00 am Secretary of State

04-29-2002 90187 009 ***150.00



2. Principal F	Place of Busines	ss	3. Mailing Address Suite, Apt. #, etc.			! UT 40	i 0 0 1 1 1 1 1 1 1 1	 	10118-18110-8	Hini filini sug-isati		
Suite, Apt.	#, etc.					DO NOT WRITE IN THIS SPACE						
City & Stat	te		City & State		4.	FEI Number	65-0796669)		Applied For Not Applicable		
Zip		Country	Zip Count		try	5.	Certificate of	Status Desired		\$8.75 A	Additional	
	6. Name a	nd Address of Current Reg	sistered Agent			7.	Name and A	ddress of New R	eaistered /			┨
			Name		•					╛		
INABINET, JOHN F		- ' -	پې لېرنې له ال همځه د د د په مد پې د په خشوري پ د ځې وي د منځورې پې د د و د لو د و د د د د د د د د د د د د						4			
J	4789 S.W39TH WAY			Street Address (P.O. Box Number is Not Acceptable)								
	ERDALE FL 3	22212							••			1
I I. LAUL	ALIDALL IL	NO 12										_
				ļ	City				FL	Zip Co	ode	
8. The above	named entity s	submits this statement for the	e purpose of changing its r	eaistere	ed office or	registered ac	ent, or both.	in the State of Flo	rida.			1
	•			- 0			, , ,					1
SIGNATURE.			r									1
	Signature, typed or p	printed name of registered agent and ti	itle if applicable. (NOTE:	Registered	I Agent signati	ure required when r	einstating)		DATE		.,	
9. This corpo	oration is eligible	e to satisfy its Intangible	FILE NOW!!!	FEE	IS \$150.	00						7
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 I Make Check Payable t					1	on Campaign Fina			.00 May Be	1		
			Department of State Trust Fund Contribution.			led to Fees						
11.		OFFICERS AND DIR	ECTORS	12.		AC	DITIONS/CH	IANGES TO OFFI	CERS AND	DIRECTO	ORS IN 11	1
TITLE	P		☐ Delete	TITLE		<17			20 16.	Change	Addition	∏ ₹
NAME	STREE STREET		NAME		LAWR	ence S	WILLAM	LINAC	_	-	3	
STREET ADDRESS				T ADDRESS	Wash Order For Garage					8		
CITY-ST-ZIP	1101001101010		CITY-	ST-ZIP	FT. 4	<u>as druc</u>	DALKITL	4 431 k	2		_ }	
TITLE	VP		☐ Delete	TITLE						☐ Change	Addition	7
NAME		R-SCHAFER, JULIA		NAME	•							}
STREET ADDRESS CITY-ST-ZIP	27 ISLA BAI		. 🔑		T ADDRESS							ļ
	TI ENGLEMENTE IE GOOTG			ST-ZIP		_					4	
NAME	_S/T	CDANK DDOOK	Delete	TITLE		ال المحصود ب		فالمستحدث للبواد	-	_ Change	Addition	-
STREET ADDRESS		FRANK BROCK	•	NAME	T ADDRESS							
CITY-ST-ZIP		2ND COURT RDALE FL 33308			ST-ZIP							
TITLE	TI. DRODE	IDALL I C 00000	☐ Delete	TITLE						Change	e 🔲 Addition	\dashv
NAME			L Delete	NAME						☐ Change	: LI AUGILIUII	
STREET ADDRESS		4			T ADDRESS							
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NAME	۴.	•		NAME						Jimingo		
STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP				CITY-:	ST-ZIP							
TITLE		<u></u> -	☐ Delete	TITLE						☐ Change	Addition	1
NAME				NAME						·-·5*		
STREET ADDRESS				STREE	T ADDRESS							1

13. I hereby certify that the information supplied with this ling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR