

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000099714**1. Entity Name  
**SEA CORP. OF TAMPA, INC.****FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90003 009 \*\*\*150.00

Principal Place of Business  
**5301 W. CYPRESS, SUITE 307 202**  
**TAMPA FL 33607**Mailing Address  
**5301 W. CYPRESS, SUITE 307 202**  
**TAMPA FL 33607****813143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc. **Suite 202**3. Mailing Address  
Suite, Apt. #, etc. **Suite 202**

City &amp; State

City &amp; State

4. FEI Number **59-3476090**Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MURRAY, RAYMOND E**  
**5301 W. CYPRESS, SUITE 307 202**  
**TAMPA FL 33607****7. Name and Address of New Registered Agent**Name  
Street Address (P.O. Box Number is Not Acceptable) **Suite 202**  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>MURRAY, RAYMOND E</b>	<b>5301 W. CYPRESS, SUITE 307 202</b>	<b>TAMPA FL 33607</b>	
	<b>D</b>			
	<b>SALING, GARY</b>	<b>5301 W. CYPRESS, SUITE 307 202</b>	<b>TAMPA FL 33607</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Raymond E. Murray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-25-01 813-287-1010  
Date Daytime Phone #

CR2E034 (10/00)