## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State P98000022157 DOCUMENT # 04-18-2002 90355 025 \*\*\*150.00 SEAY OUTDOOR ADVERTISING, INC. Principal Place of Business Mailing Address POST OFFICE BOX 6307 POST OFFICE BOX 6307 DODLIVIO MARIANNA FL 32447 MARIANNA FL 32447 2. Principal Place of Business 3. Mailing Address 4413 MARION STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3563341 Not Applicable MARIANNA Country \$8.75 Additional Country Zip 5. Certificate of Status Desired U SA Fee Required \_\_\_7\_Name and Address of New Registered Agent \_\_\_ Name HARKINS, JAMES E JR. Street Address (P.O. Box Number is Not Acceptable) **4413 MARION STREET** MARIANNA FL 32448 Zip Code City 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. TIMET MARKINS JY SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete TITLE NAME NAME HARKINS, JAMES E JR. STREET ADDRESS STREET ADDRESS 3124 FORUTH STREET CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP · 🔲 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGNATURE: STATES E. HARKINS TR. Y/10/02 850-526 730 1