

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029488

1. Entity Name

SEALYONS INTERNATIONAL LIMITED, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90217 016 ***150.00

Principal Place of Business

Mailing Address

~~9 SW 13 STREET~~
~~FT. LAUDERDALE FL 33315~~

~~9 SW 13 STREET~~
~~FT. LAUDERDALE FL 33315-1526~~

2. Principal Place of Business

3. Mailing Address

1393 Southwest Eagle Glen Place / GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
STUART, FL

City & State
FORT LAUDERDALE, FL

Zip
34997-7166

Country
USA

Zip
33316-1735

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0845665

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

JOHNSON, SEAN A
~~9 SW 13 STREET~~
~~FT. LAUDERDALE FL 33315~~

Name: James G. Lianos
Street Address (P.O. Box Number is Not Acceptable):
C/O GRUBER AND ASSOCIATES, P.A.
1650 Southeast 17th Street #301
City: FORT LAUDERDALE FL Zip Code: 33316-1735

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)

4/7/00 DATE

9. 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, 2000 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 PD ☐ Delete
NAME LIANOS, JIM
STREET ADDRESS 9 SW 13 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE P/S/T/D ☒ Change ☐ Addition
NAME JAMES G. LIANOS
STREET ADDRESS 1393 SOUTHWEST EAGLE GLEN PLACE
CITY-ST-ZIP STUART, FL 34997-7166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 Date

954-522-2027 Daytime Phone #

CR2E034 (9/99)