

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90028 042 ***150.00

046561

DOCUMENT # P98000030520

1. Entity Name
SEMINOLE WIND FISHING, INC.

Principal Place of Business 3004 WEST HIGHWAY 98 PANAMA CITY FL 32401	Mailing Address 587 PLANTATION DR PORT SAINT JOE FL 32456
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7104 Big Daddy DR.	3. Mailing Address PO Box 18728
Suite, Apt. #, etc. Lot H4	Suite, Apt. #, etc.
City & State Panama City Beach FL	City & State Panama City Beach FL
Zip 32407	Zip 32417

4. FEI Number 59-3512773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NABORS, SCOTT R
456 HARRISON AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
 Name **Albert J. Stopka, III**
 Street Address (P.O. Box Number is Not Acceptable)
108 Mosley Drive.
 City **Lynn Haven** FL Zip Code **32444**

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 **Albert J. Stopka, III, 4/16/01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when the Registered Agent is changed.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NEWTON, ROGER R 587 PLANTATION DR PORT ST JOE FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KNOWLES, FREDDIE 7420 C.R. 381 WEWAHITCHKA FL 32465	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNOWLES, JOHN J 102 MICHEL E CT. PANAMA CITY FL 32407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Martin E. Arnold 7104 Big Daddy DR, Lot H4 Panama City Beach, FL 32417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Martin E. Arnold 4/16/01 866-2781**
Signature, typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/00)