

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000046797

1. Entity Name
SEA SHIFT ENTERPRISES, INC.



Principal Place of Business
**835 ANDERSON LANE
LAKE MARY, FL 32746**

Mailing Address
**835 ANDERSON LANE
LAKE MARY, FL 32746**

FILED
04 JAN 30 PM 12:23
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business
37309 Stanford Avenue

3. Mailing Address
37309 Stanford Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Zephyrhills, Florida

City & State
Zephyrhills, Florida

Zip
33541

Country
USA

Zip
33541

Country
USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SMATHERS, ROGER W
835 ANDERSON LANE
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name
ROBERTS, III, DAVID OWEN

Street Address (P.O. Box Number is Not Acceptable)
37309 Stanford Avenue

City
Zephyrhills

FL Zip Code
33541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE See below DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when installing)

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$200.00
Amended UBR is \$25.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE TD	<input checked="" type="checkbox"/> Delete
NAME SMATHERS, ROGER W	
STREET ADDRESS 835 ANDERSON LANE	
CITY-ST-ZIP LAKE MARY, FL 32746	
TITLE PTSD	<input type="checkbox"/> Delete
NAME ROBERTS, III, DAVID OWEN	
STREET ADDRESS 37309 Stanford Avenue	
CITY-ST-ZIP Zephyrhills, FL 33541	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Owen Roberts III 12-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)