

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 998000051693

1. Entity Name

Seagayle, Inc Corp

FILED

00 AUG 24 PM 2:21

Principal Place of Business

Mailing Address

85988 Overseas Hwy Islamorada FL 33036
(Old Address: 8588 Alvarado Calzada)
PNS #132507
305-393-1495

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Islamorada FL

85988 Overseas Hwy

Suite/Apt. #, etc.

Suite/Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Islamorada FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33036

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

Mark A Bednar PA
41 E. Zaragoza St.
Pensacola FL 32501

Name Darold L. Lerch

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

85988 Overseas Hwy

City Islamorada FL

FL

Zip Code 33036

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

Darold L. Lerch

Darold L. Lerch

6-5-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO ☐ Delete

NAME Darold Lerch

STREET ADDRESS 85988 Overseas Hwy

CITY-ST-ZIP Islamorada FL 33036

TITLE Suzanne Stephens Secretary ☐ Delete

NAME Suzanne Stephens

STREET ADDRESS 85988 Overseas Hwy

CITY-ST-ZIP Islamorada FL 33036

TITLE ~~Asst Treas~~ ☐ Delete

NAME Roman Arnold

STREET ADDRESS 85988 Overseas Hwy

CITY-ST-ZIP Islamorada FL 33036

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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:

Darold L. Lerch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-00 305-393-1495

Date

Daytime Phone #

CR2E034 (9/99)