

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90260 013 ***150.00

DOCUMENT # P98000059250

1. Entity Name

SEAWYNNE ENTERPRISES, INC.

Principal Place of Business

**445 S.W. 4TH AVENUE
BOYNTON BEACH FL 33435**

Mailing Address

**P O BOX 536
BOYNTON BEACH FL 33425**

2. Principal Place of Business

3. Mailing Address

P.O. Box 536
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

Zip

33425

Country

USA

Country

4. FEI Number

65-0848355

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

**WYNNE-WARD, CONSTANCE
445 S.W. 4TH AVENUE
BOYNTON BEACH FL 33435**

Name

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

9335 Longmeadow Cir

City

Boynton Beach

FL

Zip Code

33436

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

CONSTANCE W WARD

1/15/01

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNNE-WARD, CONSTANCE 445 S.W. 4TH AVENUE BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
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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:

(Signature and typed or printed name of signing officer or director)

CONSTANCE W WARD

Date

1/15/01

Daytime Phone #

561-704-3042

CR2E034 (10/00)