

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059369

1. Entity Name
SEASIDE SYSTEMS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90068 043 ***150.00

Principal Place of Business
2660 WINDSONG CIRCLE
PALM HARBOR FL 34684

Mailing Address
2660 WINDSONG CIRCLE
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2684 Windsong Circle
Suite, Apt. #, etc.

3. Mailing Address
2684 Windsong Circle
Suite, Apt. #, etc.

City & State
Palm Harbor, FL
Zip 34684 Country US

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Palm Harbor, FL
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4. FEI Number 59-3520163
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

NOLAN, SHARON
2660 WINDSONG CIRCLE
PALM HARBOR FL 34684

Name Terri L Davis
Street Address (P.O. Box Number is Not Acceptable)
2684 Windsong Circle
City Palm Harbor FL Zip Code 34684

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 Terri L. Davis

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	CEO DAVIS, TERRI L 2684 WINDSONG CIRCLE PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOLAN, SHARON 2660 WINDSONG CIRCLE PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLAN, JEREMIAH 2660 WINDSONG CIRCLE PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, PHILLIP 2684 WINDSONG CIRCLE PALM HARBOR FL 34684	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Terri L. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 727-786-4702
Date Daytime Phone #

CR2E034 (10/00)