

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90132 038 ***550.00

DOCUMENT # P98000062609

1. Entity Name

SEABORN CONSTRUCTION, INC.

Principal Place of Business

6372 GREENLAND ROAD, UNIT 3
 JACKSONVILLE FL 32258

Mailing Address

6372 GREENLAND ROAD, UNIT 3
 JACKSONVILLE FL 32258

2. Principal Place of Business

6656 Columbia Park Dr.

3. Mailing Address

6656 Columbia Park Dr.

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

Suite 5

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32258

Country

USA

Zip

32258

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SNIDER, S. PIERCE
12656 FILLY COURT
JACKSONVILLE FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DP** ☐ Delete
 NAME **SNIDER, S. PIERCE**
 STREET ADDRESS **12656 FILLY COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **V** ☐ Delete
 NAME **SNIDER, MICHAEL P**
 STREET ADDRESS **12604 SHADY CREEK COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **ST** ☐ Delete
 NAME **MC CALL, SHERRIE S**
 STREET ADDRESS **3661 CAMERON CROSSING DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Snider, Michael P.**
 STREET ADDRESS **12123 Ambrosia Ct.**
 CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE ☒ Change ☐ Addition
 NAME **McCall, Sherrie S.**
 STREET ADDRESS **14470 Woodfield Circle South**
 CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Sherrrie S. McCall* / *Sherrrie S. McCall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02

Date

904-268-7454

Daytime Phone #

CR2E034 (4/02)