

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000070091**

1. Entity Name

SEANCO, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 2:05

Principal Place of Business

Mailing Address

350 DOG TRACK ROAD
LONGWOOD FL 32750
US1521 FOREST AVENUE
LONGWOOD FL 32750-6438
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

113 Concord Dr

113 Concord Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Casselberry FL

Casselberry FL

Zip

Zip

32707

Country

Country

USA

USA

4. FEI Number

59-3525628

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

COEGE, CAROLE
350 DOG TRACK ROAD
LONGWOOD FL 38750

Name

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

113 Concord Dr

#A

City

Casselberry

FL

Zip Code

32707

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

Carole Ann Doege

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/00

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P DOEGE, CAROLE 350 DOG TRACK ROAD LONGWOOD FL 32750	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

Carole Ann Doege
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/00

Daytime Phone #