FILED

Mar 29, 2002 8:00 am

2002 Uniform Business Report (UBR)

SIGNATURE:

Secretary of State P98000074893 DOCUMENT # 1. Entity Name 03-29-2002 91415 041 ***150.00 SEACORP CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 11550 NW 56TH DRIVE 11550 NW 56TH DRIVE APT. #115 APT. #115 CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 0845 NW 0845 NU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0863697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REMMICH, DEANNA K 11550 NW 56TH DRIVE APT. #115 CORAL SPRINGS FL 33076 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Address change) **DPT** TITLE TITLE (9/01) ☐ Delete **Change** ☐ Addition REMMICH, MITCHELL W NAME NAME 10845 NW 66th COURT STREET ADDRESS 5039 NW 115TH TERR STREET ADDRESS **CORAL SPRINGS FL 33076** PARKLAND FLORIDA CITY-ST-ZIP CITY-ST-ZIP Address CHANGE) DSC TITLE Delete TITLE REMMICH, DEANNA K NAME NAME 0845 NW 66th COURT 5039 NW 115TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33076** CITY-ST-ZÎP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ly signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chadter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if