

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079059

1. Entity Name
SEASONS INTERNATIONAL, INC.

Principal Place of Business
624 NORTH LAKE POINT LANE
DEERFIELD BEACH FL 33442

Mailing Address
624 NORTH LAKE POINT LANE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip _____ Country _____ Zip _____ Country _____

FILED

02 APR 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0444751

Applied For
Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON, E. LYNN
624 N. LAKE POINT LANE
DEERFIELD BEACH FL 33442

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.

SIGNATURE

E. Lynn Hendrickson
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, 2002 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

S
GOODWIN, TIMOTHY
STE 2B, 2040 W. MAIN
RAPID CITY SD 57702

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

J
STANDICCI, JUDI
3567 W. Hillsboro Blvd
Deerfield Beach, FL 33442

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
FELTMAN, JOHN C
3134 NE 9TH ST
FORT LAUDERDALE FL 33304

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

E. Lynn Hendrickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2002

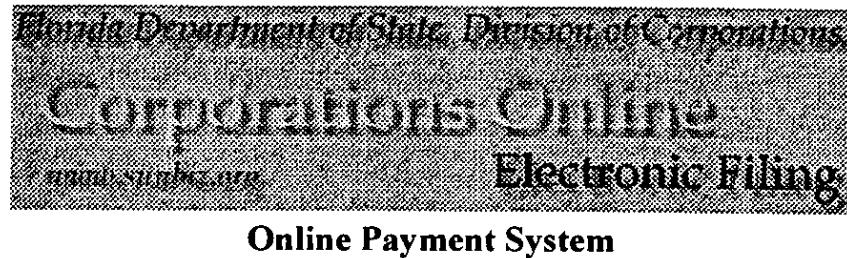
954/571-1979

Date

Daytime Phone #

CR2E034 (9/01)

080801
38

**Please Confirm Billing Information**Transaction Amount: **\$150.00**

Email Address:	Bonefishgal@aol.com
Billing Name:	E LYNN HENDRICKSON
Billing Address:	624 LAKE POINT NORTH LANE
Billing City:	DEERFIELD BEACH
Billing State:	FL
Billing Zip:	33442-
Billing Phone Number:	9545711979

Payment Method:	Visa
Credit Card Number:	4190004340109812
Credit Card Expiration Date:	02/2004

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

Back**Pay Now**

DEAR WHOM IT MAY CONCERN:

I HAVE HAD DIFFICULTY IN THE
ELECTRONIC PAYMENT - THUS, I
AM ENCLOSED MY CHECK
IF PAYMENT DOESN'T GO THRU.

IF IT WOULD - PLEASE
CREDIT THE OVER PAYMENT.

TAKEN YOU