

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000092244**

1. Entity Name

SEASCAPE NAVIGATION, INC.**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90043 049 ***150.00

Principal Place of Business

Mailing Address

**203 RIDGE ROAD
JUPITER FL 33477****203 RIDGE ROAD
JUPITER FL 33469-3509**

2. Principal Place of Business

3. Mailing Address

225 COVE PLACE**225 COVE PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER, FL**JUPITER, FL**

Zip

Country

Zip

Country

33469**USA****33469****USA**

4. FEI Number

65-0878617

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

**IVERS, DAVID
203 RIDGE ROAD
JUPITER FL 33477**

Name

IVERS, DAVID

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

225 COVE PLACE

City

JUPITER**FL**

Zip Code

33469

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

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	IVERS, DAVID	
STREET ADDRESS	203 RIDGE ROAD	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVERS, DAVID	
STREET ADDRESS	225 COVE PLACE	
CITY-ST-ZIP	JUPITER, FL 33469	

TITLE	DNS	<input type="checkbox"/> Delete
NAME	IVERS, VICCI	
STREET ADDRESS	203 RIDGE RD	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVERS, VICCI	
STREET ADDRESS	225 COVE PLACE	
CITY-ST-ZIP	JUPITER, FL 33469	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**DAVID IVERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/2000 561-743-8555

Daytime Phone #